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Sexual Practice and Sexually transmitted Infections among Street Youths in
Bahir Dar Town

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Acronyms

AIDS-Acquire Immunodeficiency Disease

AOR-Adjusted odds ratio

BSS-behavioral surveillance survey

COR-Crude odds ratio

CSWs Commercial Sex Workers

EPHA-Ethiopian Public Health Association

ETB-Ethiopian Birr

FGD-Focus Group Discussion

HIV-Human Immunodeficiency Virus

MOH-Ministry of Health

MSP-Multiple sexual partnership

MYSC-Ministry of youth sport and culture

NGO-Non-Governmental Organization

NRR-Non Responding Rate

OR-Odds ratio

PID-Pelvic Inflammatory Disease

RHB-regional Health Bureau

RLSAO-Regional Labor and Social Affair Office

SPSS Statistical Package for Social Science

STI-sexually Transmitted Infections

UNICEF-United Nation International Children Emergency

WHO-World Health Organization

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1. Abstract

Statement of the problem: Street youths are exposed to situations that make them vulnerable to sexual and reproductive health problems on a day to day basis. Their vulnerability to these situations is increased by their lack of understanding of the changes associated with adolescence, their lack of knowledge and skills which could help them make healthy choices, and their inability to access the appropriate services.

Objective: To assess the sexual practices and sexually transmitted infections among street youths in Bahir Dar Town.

Methods: A cross sectional descriptive study was conducted in Bahir Dar town. Both qualitative and quantitative study methods were used and interview using structured questionnaire and four FGDs were used to collect qualitative data. The study subjects for the quantitative study were selected by simple random sampling method after registering street youths on major streets in the town. FGD participants will be selected by using snowball technique.

Results: Level of sexual activity was very high. Out of the surveyed 349 respondents 69.9% (68.9% of male and 78.4 % of female) of respondents had had sexual intercourse at the age 15.37yrs (SD± 2.236), for male 15.41(SD± 2.236) and for female 15.07(SD± 2.137). Out of those who started sex 93.5% of male and 86.2% of female had had sex in the last 12 months. Amongst who had ever had sex were asked about commercial and non-commercial partner during the previous 12 months . According to their response in male respondents, commercial partners were reported by 92.5% respondents and 30.3% had noncommercial partners (yebetliji). Among those sexually active in the last 12 months they have more commercial partners than noncommercial partners .In contrast to high Sexual activity, consistent condom use is very low only 38.4% of the respondents use condom consistently. In bivariate and multivariate analysis being in the age group between 15-19 is protective on participating in risky sexual behavior (COR 0.166 and 95% CI 0.048, 0.573) and AOR (0.161 and 95% CI 0.044, 0.589) when we compared with age group 20-24. Among the surveyed street youths 32.2 % of the respondents had either genital discharge or Ulcer or both (88 or 25.2 % have had genital discharge and 46 or 13.2 % have had genital ulcer). In multivariate analysis being male is protective for STI with AOR (0.140 95% CI 0.042, 0.471) at p value <0.01.

Conclusion and Recommendation: Most of the street youths are sexually active and there is high prevalence of STI among street youths. So health education should be given focusing on all STIs and condom should be available in every corner to increase their condom usage.

2. Introduction

Young people who spend a considerable time on the street, often referred to as ‘street youth’ are increasingly present all over the world. The exact number of street youth is difficult to estimate. They are a transient and difficult to reach population, often fleeing from their families, social service agencies, or the police. It is estimated that there are between 10 to 100 millions street children (aged 24 years or less) all over the world. Most are found in large, urban areas of developing countries (1).

As urbanization makes its way across the globe, many of the world’s poorest youth make their way into the city streets, searching for money, friends, and sometimes a future. The greatest surge of urban migration in the upcoming years will occur in developing countries with the least financial resources, the least power, and the least support for street youth. The Population Reference Bureau(2003) estimates that the ten largest urban centers in 2015 will include Mumbai, Lagos, Dhaka, São Paulo, Karachi, Mexico City, Jakarta, and Calcutta, which not surprisingly are some of the cities with the largest and fastest growing street youth populations.

The United Nations states that 40 percent of young people in the least developed countries live on less than US\$1 per day (2).

In Ethiopia according to the Ministry of Labor and Social Affairs, there are between 150,000–200,000 street children with a further one million vulnerable or at risk of streetism. UNICEF and actively engaged Non-governmental organizations (NGOs) estimate that there are between 500,000–700,000 children on the street, and that figure is rising as a result of drought, displacement and HIV/AIDS. In recent years the problem of street youth has worsened across the world because of economic problems, political changes, civil unrest, increasing family separations and conflicts, the epidemic spread of diseases and natural disasters(3) .

Young people, especially street youth, both in developed and developing countries have been found to be at high risk for many health problems. It has been implied that the living conditions in the street may lead the youth to behaviors that expose them to STDs and other Reproductive

health problems(4), higher STDs prevalence and higher rates of sexual risk behaviors among street youths(5,6).

STIs remain a major public health concern because of their association with pelvic inflammatory disease (PID), infertility, ectopic pregnancy, chronic pelvic pain and the transmission and acquisition of HIV (7, 8).

The risk of contracting STIs increases during adolescence and early adulthood due to the initiation of sexual activity and drug use (9). Research has shown that early initiation of sexual activity has been linked to increased risk of STIs, and has been found to be associated with higher STI levels than later initiation (10). In previous studies, more than 94% of street youth reported being sexually active, with an average age of 14 at their first sexual intercourse (11, 12). Street youth also reported having sex with one or more high-risk partners (prostitutes, injecting drug users and HIV positive individuals); with males more likely to report high-risk partners than females (13). Prostitution is reported to be a common occurrence among street youth (14). Available data showed that HIV sero-prevalence rates for street children are 10-25 times higher than other groups of adolescents in many countries. This is because street children are reported to become sexually active earlier than most other groups of adolescents, engage in sex with many sexual partners, are likely to be raped or forced into sexual relationships to ensure their survival, use condoms infrequently and inconsistently and get inadequate information about sexuality and protection due to illiteracy and non-attendance of school(7). Previous studies in many countries have indicated that street youth are particularly vulnerable of STIs and HIV infections because: most are sexually active, have multiple sex partners, including prostitutes, engage in homosexual activity, provide sex in exchange for money without protection, are sexually abused, rarely or inconsistently use condoms despite being aware of AIDS, are ignorant of other STDs against which they tend to self-medicate and use illicit drugs, including intravenous drugs (15).

Moreover, street youth often do not receive appropriate medical care due to numerous individual and systems barriers impeding health care access in this population. In addition to the barriers experienced by the adult homeless population, homeless adolescents confront further hurdles stemming from their age and developmental stage. Some of these impediments include a lack of knowledge of clinic sites, fear of not being taken seriously, concerns about confidentiality, and fears of police or social services involvement(6).

3. Literature review

Youth constitutes the population between 15-24 years of age. But the Ethiopian Youth Policy states that youth are between the ages of 15-29 years (28). As a socio-cultural phenomenon, it is defined as a stage in which young people are confronted with some models of the major roles that they are supposed to emulate in adult life and with the major symbols and values of their culture and community (17).

Worldwide more than one billion people are between 10-24 years of age and most of them live in developing countries. Young people constitute one third of the total population in Ethiopia. This number is expected to grow from 20.3 million in 2000 to 25 million in 2010. Adolescence is a transition period in life from dependent childhood to self-reliant adulthood and includes the range in which the majority of young people join the labor force. It is the period where young people achieve the highest stage of cognitive and physical development and strive to define their self-identity. A need for independence is also one of the features of this group. Youth become rebellious and unhappy, run away from home, give-up their schooling, and even marry without the necessary preparation to secure the independence their parents had denied them (17, 18).

The onset of puberty generally marks the entry into the period of adolescence. While there is general agreement on the transition from childhood to adolescence, the question of when adolescence ends and adulthood begins is less clear. This is because the period of adolescence is culture specific and quite different between and within societies. In some cultures, the transition from adolescence to adulthood is very short. This is usually the case in most developing countries where school attendance among the young is relatively low and children leave school early to find some kind of employment to support the family and take on adult responsibilities. Moreover, in societies where young girls are married upon attaining puberty (often to preserve their chastity), and become mothers soon after, adolescence is practically nonexistent. An added burden in most poor societies is the low level of employment, and this has contributed to the extremely vulnerable situation of young adults (19).

Although the typical age of a street child varies from place to place, the age range includes children in the adolescent period. During adolescence, major physical and psychological changes occur. These include rapid physical growth and development, social and psychological maturity which bring about enormous social and psychological pressure. Young people, especially boys

are exposed to continual pressure from peer groups as sexual experiences may be viewed as achieving or demonstrating competence (1). Millions of children and adolescents live and/or work on the streets of large cities worldwide (20). These youngsters have usually left school and sometimes left home; they survive by scavenging, begging, stealing, exchanging sex for money, or working in the ‘informal sector’ at low-paying and frequently dangerous jobs (21).

3.1. Drug use and its effect on sexuality and STI

Being homeless and spending time on the street cultivates involvement in deviant subsistence strategies. Moreover, it has been found that the amount of time that youth spend on the street is positively related to both substance use and substance abuse. It is possible that substance use eases the pain that many of these young people experience as a result of being on the street (25). The study conducted in four major cities of Ethiopia showed that, there is high drugs consumption, in this study were found to spread among the surveyed street children at different rate of consumption's. Accordingly, the highest consumption rate was reported for Chat use (56.2%) followed by alcohol and tobacco (51.9% and 46% respectively). The two UN conventional drugs constituted low rate of consumption (28.9%) for benzene use and 18.8% for hashish (26). Similar study conducted in Kenya showed that there is high prevalence of drug abuse among street youths out of 545 per 1000 children of these 41(37.6%),34(31.2%),20(18.3%),9(8.3%)and five (4.6%) were cigarette smokers, sniffing glue, taking alcohol, smoking marijuana and sniffing cocaine (27).

Substance use has been found to be associated with risky sexual behaviors (28). Specifically, Kipke found that substance-abusing homeless youth were three and one half times more likely to have been high on drugs or alcohol at last sexual intercourse, twice as likely to have participated in survival sex, and two and one half times more likely to have had a sexually transmitted disease (29).

3.2. Sexual experience (Practice) of Street youths

Street children have a great need to fill the void of normal relations because many have left their families or do not have a family. Street boys sometimes describe sex as “play between friends”. Sometimes, street children use sex as a way of expressing physical power. The younger street children comply for fear of being beaten. Some street boys have said that they have sex with

prostitutes because it is a symbol of strength and being a ‘real man’, and to show friends that they are in control. Sex is used to control other street children and make them obey demands and respect ‘hierarchies’ on the street. There is also a type of sex that occurs to initiate newcomers to the group. It is thought to be a way of making the new street children feel they ‘belong’. It is a passage to identity formation. Usually the victims are threatened with violence if they do not agree. Most street children see this type of sexual experience as something inevitable. When a street child is found not to be ‘going along’ with the group (norms), they may be punished for not abiding by the ‘rules’. Sexual assault is used as a way of punishing a street child (30).

Street youths who spend more time on their own report being offered money for sex, with few legitimate means of support, many runaways resort to survival sex or are sometimes coerced into the sex trade by pimps (31), thereby exposing them to numerous sexual partners. In addition, studies also have found high rates of sexual activity among homeless youth but low rates of condom use (32). It is possible that youth who spend more time on their own have fewer resources available (e.g., access to condoms), therefore reducing the likelihood of consistent condom use during sexual intercourse. Following this, it was expected that *time on own would be positively associated with risky sexual behaviors*. Substance use has been found to be associated with risky sexual behaviors found that substance-abusing homeless youth were three and one half times more likely to have been high on drugs or alcohol at last sexual intercourse, twice as likely to have participated in survival sex, and two and one half times more likely to have had a sexually transmitted disease (25).

In the study of runaway youth also found that substance use was associated with number of sexual partners and condom use, which they note as particularly important since these runaways reported very high rates of substance use as well as having friends who frequently used drugs. Similarly, other research has found that alcohol and drug use are the best predictors of sexual risk behavior among inner-city adolescents (32).

The study conducted in Democratic Republic of Congo, Kinshasa shows most participants were sexually experienced and had their first sexual intercourse when they were already living on the streets. The median age at first sexual activity was 14.3 years for male and 13.5 years for

females. Compared to males, females tend to be more involved in multiple sexual partnerships, and the pattern of condom use depends on the type of sexual partners (33).

As most of the street children are adolescents, the majority are sexually active. A study conducted on youth in Awassa indicated that 84% of street children started having sex between the ages of 15 and 19 years. It is well documented that street girls and women in particular are also exposed to sexual exploitation, rape, and prostitution (34). According to a study conducted in Dessie, among 343 study participants, in which all respondents were sexually active, 172 (73.8%) had used condom. Consistent condom use was low; only 37(22.8%) reported consistent use of condoms during sexual intercourse in the last 12 months. Eighty eight (25.7%) reported to have used condom during their first sexual encounter and 146 (85.4%) used condom during their most recent sexual intercourse. These may put street children and women at a higher risk of getting HIV/AIDS and other STDs. Furthermore, sexual activity among youths in Ethiopia has resulted in large number of unwanted pregnancies and unsafe abortion, which pose serious health and social problem (6).

Similar studies conducted in Dessie showed that HIV/AIDS was of relatively low concern to the street youths due to their preoccupation with survival in an adverse environment. Levels of HIV/AIDS knowledge were low and common misconceptions about the nature, risk, transmission, and prevention of HIV indicated a lack of access to information. Contrary to expectations, the study group adhered to the traditional sexual norms and values of society, and individuals were frustrated in their sexuality due to their socially marginalized position and fear of already having contracted HIV (7).

3.3. Street Youths and STIs

Street youths are particularly vulnerable to STIs because most know little about STIs, even if they are sexually active ; even when they know about STIs, young adults use condoms inconsistently (21); the earlier people become sexually active, the more likely they are to change sexual partners and thus face a greater risk of exposure to STDs (31). STIs pathogens can more easily penetrate the cervical mucus of young women than of older women. The cervix of a young woman is more susceptible to gonorrhea and Chlamydia infection as well as to the sexually

transmitted human papilloma virus, which causes cervical cancer (35). Young adults may be even more reluctant than older ones to seek treatment for STIs because their sexual activity is frowned upon. Also, young people may not know they have a disease. They may be too embarrassed to go to a clinic or be unable to afford services. Many go instead to unqualified traditional healers, or obtain antibiotics from pharmacies or drug hawkers without proper diagnosis. The result is untreated STIs which make them susceptible to further infections including HIV (36). Throughout the developing world millions of adolescents live or work on the street, and many sell sex to make a living, increasing their exposure to STIs. The tendency of street youth to drug abuse increases their susceptibility to sexually transmitted infection as they lose the power to take rational decisions (37). Young people may be forced into sex or otherwise have little power in sexual relationships to negotiate condom use, particularly if their sexual partner is older, which is often the case (38).

WHO estimates that each year there are more than 300 million new cases of curable STIs worldwide? The majority of these infections are among 15-30 year-olds. STIs have been shown to increase the risk of transmission of HIV, the virus that causes AIDS (39). Worldwide, there are more than 40 million people living with HIV. Over 20 million have already died due to AIDS. More than half of all new HIV infections are among young people aged 15-24 years. Worldwide, about 7000 young people get infected with HIV every day. The main mode of HIV transmission is unprotected heterosexual intercourse (39).

The impact of STIs among the world's youth has become a cause of great concern. In most countries, people below 30 years of age account for the majority of STIs patients. Worldwide, over half of all new HIV infections are among young people aged 15-24. Young people need information and services to protect themselves from STIs (40).

Data from developing countries are limited, but considering that treatment is less accessible, the prevalence in developing countries may be higher. A study in Brazil reported some subgroups of street youth having HIV prevalence rate of 35% (41). Alarming rates of sexually transmitted diseases have been recorded among adolescents. Three million teenagers contract an STIs each year, and approximately one quarter of sexually active adolescents become infected with an STIs annually. Since the majority of street youths report having engaged in sexual intercourse, this is a

cause for concern. These high rates call into question factors that are associated with contracting a sexually transmitted disease (41).

In Ethiopia, availability of data on the prevalence rates of STIs and HIV/AIDS infection among street youth is very limited. However, a study conducted in South Gondar among out-of-school youth revealed that the prevalence of self reported STDs was 7.8% (26). In Ethiopia, almost all studies on sexuality have been conducted among high school and college students.

The less accessible group of young people (out of school and street children) has not been adequately researched. In Africa in general and in Ethiopia in particular, where the proportion of school-age youth enrolled in school is only about one-third of that age group, out-of-school adolescents are overlooked and deserve more attention. To date, little is known about the sexuality of street children and youth. Despite the recent growing awareness of the risks of STDs and HIV/AIDS among street youth, only few studies have been done. Furthermore, the availability of data that can be used to design efficient and effective programs for street youth in the country is not sufficient. In addition, most studies and programs on STIs and HIV/AIDS focused on female commercial sex workers. Given these facts, research is urgently needed on issues related to street youth sexuality and sexually transmitted diseases covering both socio-cultural and epidemiological aspects in decision making process by both the Regional and Federal government. This study aims at filling these gaps on the above specified problems.

4. Objectives

General objective

This study aims to assess sexual practices, sexually transmitted infections and factors predisposing to STI among street youth in Bahir Dar town of the Amhara Regional State.

Specific objectives

1. To assess the sexual practices of the street youths in Bahir Dar town.
2. To determine prevalence of STIs among street youths in Bahir Dar Town
3. To identify factors that may contribute to the risk of street youth contracting STIs

5. Methodology

5.1. Study Setting

The study conducted in Bahir Dar town, the capital of the Amhara National Regional State 570km North West Addis Ababa, the capital city of Ethiopia. Bahir Dar town has a population of 180,094 and is among the biggest cities outside Addis Ababa.

Since Bahir Dar is the capital of the Amhara National Regional state, it serves as a house for a number of civil, non-governmental, religious and administrative offices. Owing to its terrain and its fast growing population, the town of Bahir Dar is more prone to a host of socio-economic problems than other towns in the region.

5.2. Study Design

The study employed a descriptive cross-sectional survey with complementary focus group discussion. The quantitative design provided numerical results that can be used to see the pattern of issues being studied. The qualitative design using selective informants allowed probing into sensitive issues as well as attitudes, values and beliefs and the exploration of information on issues that are difficult to obtain from a quantitative survey.

5.3. Source population

The source population for the study was all street youths residing in Bahir Dar town.

5.4. Study population

Street children fulfilling the inclusion criteria of street youths age between 10-24 years living and/or working on the streets of Bahir Dar town.

5.5. Inclusion criteria

Those street youth who have resided in the town for a minimum of one month.

5.6. Exclusion criteria

Those street youths who are unable to hear and seriously ill.

5.7. Sample size

Total street youth aged 10-24 were determined to be 2072 after conducting census in collaboration with RLSAO. From this target population the required sample size was taken according to the size of population in the town. The sample size was determined using the

following assumptions (level of confidence was taken to be 95% $z_{\alpha/2}$): a 5% margin of error ($d=0.05$).

Objective one: According to the study conducted in Addis Abeba by Mitike 50.2% of street youths practice sexual activity. This prevalence was taken and 10% was added to compensate for non-response rate.

Objective two: according to the study conducted in Dessie in 2007, there is a prevalence of 18.9% of street youths having symptomatic STI and 10% is added to compensate for non-response rate.

Based on the above assumption, the actual sample size for the study was computed using the formula for single population proportion with finite population correction as indicated below.

$$n = \frac{(Z/2)^2 p (1-p)}{d^2} + 10\% \text{ non-response}$$

Where n = sample size

p = expected proportion

d = margin of error (0.05)

Objective	Prevalence	Sample size
Objective one	0.52	360
Objective two	0.189	236

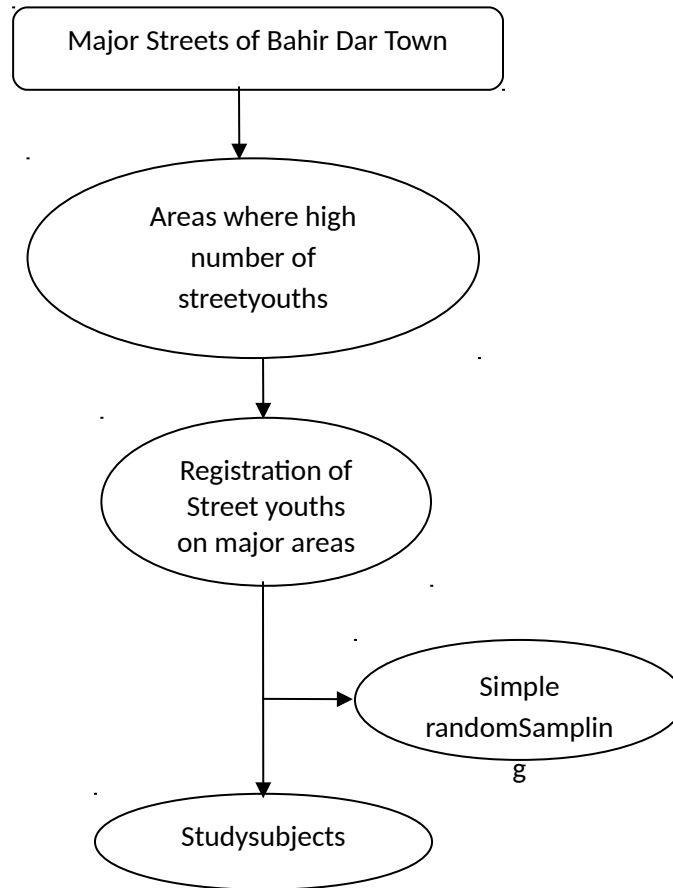
and adjusted with $n = n_0 / (1 + (n_0 / 2072)) = 360$

In order to get adequate sample size, the final sample size for this specific study was 360.

5.8. Sampling Technique

In collaboration with the Regional Labor and Social Affair Office (LSAO), a complete census was conducted Two days before the actual data collection during night and day time in order not to miss all kinds of street youths and to get adequate sample size. The name list of street children used as a sampling frame and respondents for the interview sampled by using simple random sampling method.

Figure 1. Sampling technique



5.9. Data Collection

Quantitative methods

Standardized and structured questionnaire was developed for the purpose of data collection after reviewing relevant literatures. The questionnaire was prepared originally in English and translated in to Amharic and back to English to check consistency. Relevant comments were incorporated after consulting with senior professionals.

Ten data collectors were recruited who are 12 grades and above and who have experience in data collection. Before data collection, two days training was given for ten data collectors and two supervisors in order to facilitate the data collection processes. The training focused on the objectives of the study and techniques of data collection. The principal investigator coordinates the overall activities of the study.

Qualitative methods

Four FGDs with eight street youths in each FGD was conducted by the investigator with study subjects that were not participating on the quantitative part. Participants for the FGD was purposively selected and conducted until the point of saturation whereby no new information becomes available with further FGD. All FGD was tape recorded and notes were taken.

Pre test:

The questionnaire was pre-tested in 10 % of the sample population (36 street youths) and it was conducted in woreda town 55km from Bahir dar which had similar characteristics to the areas where the actual study was carried out. Vague terms, phrases and questions identified during the pre-test were modified and changed. Missing responses like “no response” and “others” were added, and skipping patterns were also corrected.

5.10. Operational Definition

Risky sexual behavior: is one that increases the likelihood of adverse sexual and reproductive health consequences. Examples of such behaviors are: sexual activity under the influence of Substances, sexual intercourse with drug users, inconsistent condom use, having multiple sexual partnership, commercial Sex/survival sex/prostitution and unprotected sex with a same sex (particularly between males) Partner.

Having /Experience of STI: A street child complaining of any of the following for the last 12 months may have a sexually transmitted infection:

- Abnormal discharge from the penis or vagina.
- Burning or pain on passing urine.
- Pain during sex.
- Blisters, rash or sores on the genital organs.

Knowledge on STI: When you say street youth has knowledge on STI, he /she mention correctly at least two transmission and prevention mechanism of STI

Street Youth: are boys and girls at the age of 10-24 years who live or spend most of their time on street to get income for their daily need. In this study we will use Children, Adolescents and youth interchangeably. In this study, we will include youth ‘of the street’, ‘on the street’ and ‘a part of the street family’ as study subjects.

Youth ‘of the street’: youths having no home but the streets. Their family may have abandoned them or they may have no family member left alive. Such youth have to struggle for survival and might move from friend to friend, or live in shelter such as abandoned buildings.

Youth ‘on the street’: those who visit their family regularly. They might even return every night to sleep at home, but spends most days and some nights on the street because of poverty, overcrowding, sexual or physical abuse at home.

Youth ‘a part of the street family’: Those who live on the sidewalks or city squares with the rest of their family. Family displaced due to poverty or natural disaster may be forced to live on the street.

5.11. Data processing and analysis

The quantitative data collected first cleaned and then entered in to Epi-info version 3.5.1 and then analyzed using SPSS (Statistical Package for Social Sciences) version 15.0. The analysis employed both descriptive and analytic analysis, including frequencies and percentage distribution, bivariate and multi-variate analysis, include crude and adjusted OR (odds ratio). The bivariate analysis used to examine the relation between independent and dependent variables individually.

The qualitative data was transcribed and analyzed through ‘descriptive thematic analyses’. It is aimed primarily at identifying and describing the themes that are contained in the transcripts.

5.12. Measurement variables

Dependent variables: Risky Sexual activity and experience of STIs

Independent variables: Socioeconomic and demographic variables (sex, age, religion, educational status, income, family status and parent’s education), condom use, substance abuse, knowledge and attitude on sexual experience and STIs.

5.13. Data quality management

To assure the quality of data:

- Children’s fingers were painted by gentian violet to avoid double counting during registration
- Supervisors and data collectors were selected based on their abilities and experience on data collection

- Data collected by first degree graduates and grade 12+)
- Data collectors were trained by the principal investigator about the objective of the study and ways of data collection
- Questionnaire was prepared in English and then translated to Amharic and then translated back in to English in order to check for consistency
- Questionnaire was tried to be standardized from similar studies like BSS
- Questionnaire was pre tested on 10% of the sample population on street children found in neighboring town, Woreta prior to the actual data collection.
- Data collectors were encouraged to have a fieldwork diary to put all the notes of the field work for latter consideration.
- Each data collector and supervisors checked the questionnaires for completeness before winding up the interview with each study participant.
- The principal investigator rechecked 10% of the questionnaires at the end of each data collection day
- The data checked for completeness every time and cleaned before entry.

5.14. Ethical considerations

The study got ethical clearance from the University of Gondar 'Ethical Review Committee. In addition to this approval got from the Amhara Regional Health Bureau and Amhara Labor and Social Affair. Moreover, Local authorities contacted and briefed about the purpose of the study. Since street children have no one to decide for them before starting the interview verbal consent obtained from the study participants. The study participants informed about the purpose of the study and the importance of their participation in the study. The study subjects informed as they can skip question(s) that they do not want to answer fully or partialy and also to quit the process at any time if they want to do so and their participation was fully voluntary. After assuring the confidentiality nature of responses and obtaining informed consent from the study subjects, a one to one interview was conducted. Time spent by the street youth during the interview was compensated by paying some amount of money.

5.15. Dissemination of results

Findings of the study will be submitted to Amhara National Regional State, Amhara Regional Health Bureau, Amhara Region Labor and Social Affairs, Ethiopian Public Health Association and interested organizations working on Sexual and Reproductive Health of the Young. The result of the study will be presented to concerned bodies and stakeholders and will also be published on appropriate journals.

6. Result

6.1. Socio demographic characteristics

A total of 2072 street youths aged 10-24 completed years were registered .Out of which, 360 street youth interviewed, of which 11 respondents were excluded for gross incomplete and inconsistent responses making the response rate 97.0%. Analysis was made based on the 349 completed questionnaires.312 male street youths and all 37 female street youths were participated in the study. Out of the total 349 street youth, 178 were “off the street” type while the rest were “on the street” type. About 72.8 % were concentrated in the 10-19 years age group and mean age of the participants was 17.33(SD± 3.279) (median=17.0 years) with males being slightly older than females (17.4 years and 16.8 years respectively).

The dominant religion is Orthodox Christian (89.7%) followed by Muslim accounts 5.7 % of the study subjects.Regarding the ethnic composition, quite large proportions (91.4%) of respondents were Amhara and the rest are Agew, Oromo and others respectively. Out of 349 participants 75 % coming from outside Bahir Dar Town(Urban outside Bahir dar 104 and Rular outside Bahir Dar 123).Large proportion of respondents 265 (75.9%) ever attend primary, junior and secondary school out of which 99 of them left the school at early primary level (grade1-4) followed by 97 (at grade 5-8).The major reasons for stopping school at early age are shortage of money for school fee 56(16%), parents died 50(14.3%), parents refusal 19(5.4%), to assist parents 18(5.2%) and others respectively.

Table 1: Socio demographic characteristics of street youth in Bahir Dar Town, September 2010 n=349

Variables	Frequency	Percent (%)
Type of street life		
On the street	171	49.0
Off the street	178	51.0
Sex		
Male	312	89.4
Female	37	10.6
Age group (in years)		
10-14	76	21.8
15-19	178	51.0
20-24	95	27.2
Religion		
Orthodox	313	89.7
Muslim	20	5.7
Protestant	11	3.2
No Religion	5	1.4
Ethnic group		
Amhara	319	91.4
Agew	17	4.9
Oromo	9	2.6
Others	4	1.1
Educationa level (n=265)		
Informal education	21	6.0
Gr 1-4	99	28.4
Gr 5-8	97	27.8
Gr 9-10	40	11.5
Gr 11-12	4	1.1
Gr >12	4	1.1
Father alive		
Yes	185	53.0
No	164	47.0
Mother alive		
Yes	197	56.4
No	152	43.6

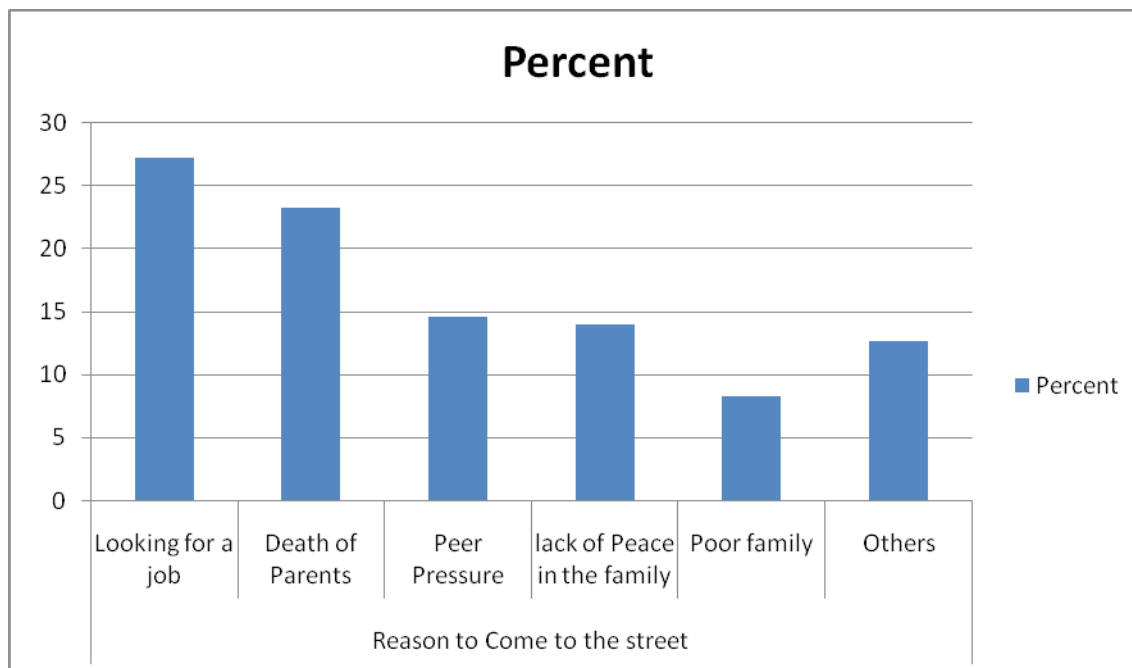
Out of 349 study subjects 327 works to earn money .In male side carrying goods(34.1%), shoe shining(21.5%), car washing(12%), buy and sell(16.3%), taxi assistant(9.2%) and begging(9.5%) respectively where as in female they are participating as CSW(43.2%) and house maid(32.4%).

Considerable number (164 or 47%) respondents, including all females interviewed, had daily income of 11-20 birr, and 107(30.7 %) of them had 5-10 birr, 47 of them (13.5%) had >20 birr and only 9 or 2.6% of them had an income of less than 5 birr .

The duration of street life it ranges from 1month to 192 months with median stay of 36 months. Their major reason to come to street life are looking for a job(27.2%), death of parents(23.2%) peer pressure(14.6%),lack of peace in the family(14%),poor family(8.3%) and others(12.7%).out of 349 interviewed 47% and 43.6% died their father and mother respectively.

One hundred seventy eight (51%) of the children were homeless and of these 144(41.3%) on the street and 31 (8.9%) sleep under plastic shelters. The remaining 17(49%) reported that they have a house to live or sleep in at night. Of these 103(29.5%) live in rented houses, 36(10.3%) live with dormitories with small price, 23(6.6%) live together with their family and 12(3.4%) with others like with their sexual partners. 197 or 56.4 % of street youths presently live with peers or friends, 96 or 27.5% of them live alone, 17 or 4.9% live with mother only and others live with father only, boyfriend, relatives and others. (See Figure 2)

Figure 2: Reason to come to street



6.2. Sexual Experience and practices of street youths

Level of sexual activity is found to be high among street youths in Bahir Dar town, out of 349 study subjects, 244 or 69.9% (68.9% of male and 78.4 % of female) of respondents had had their first sexual intercourse at the average age of 15.4yrs (SD± 2.236), for male 15.41(SD± 2.236) and for female 15.07(SD± 2.137). The three most common reasons for starting sex are personal desire (55.3%), peer pressure (29.9%) and influence of alcohol (13.1%). The person they had had their first sex for males were CSW accounts 35.8%, steady girlfriend 35.3% and with casual girlfriend 22.3% in contrast for females with their steady boyfriend 41.4%, with casual boyfriend 37.9%, and with their husband account 13.8%. In most male respondents, the first sexual partners are close to their age (45.6%) or 5-10yrs older (22.8%) while for females almost their first sexual partners are older than their age (48.3% older 5-10yrs and 41.4% are >10yrs). Condom use during their first sexual activity is very low. Only 49.6% of respondents use condom during their first sexual intercourse.

In FGD income and duration of street life are a major factor to start sex, those who have a good income (>50 birr/day) they are having sex regularly an average eight times per a month and those who already grow in the street are prone to start sex early than those coming from rural area. In addition to this most street youths who are living around church didn't start sex.

During FGD participants admitted that they started sex early at early age of 12 to 14 years for male and 10 to 12 years for female. The reason to start sex at an early age are looking pornography films in illegal video houses and alcohol and khat using.

Sometimes street youths do sexual relations with noncommercial partners the so called <yebetliji> but they preferred to establish sexual relation with street girls and CSWs because they believed that these <yebetliji> transmit HIV more because the latter used condom consistently.

6.3. Number and type of sexual partners

Current sexual activity is measured by the proportion of street youths who had sex in the last 12 months preceding the survey. According to the survey out of those who started sex 93.5% of male and 86.2% of female had had sex in the last 12 months.

Amongst who had ever had sex were asked about commercial and non-commercial partner during the previous 12 months in male respondents, commercial partners were reported by 92.5% respondents and 30.3% had noncommercial partners (yebetliji). Among those sexually active in the last 12 months they have more commercial partners than noncommercial partners. In

addition to this 73.9% of the respondents had greater than one partners. (The mean number of commercial partners and noncommercial partners are 3.5(SD± 3.492) and 2.34(SD± 1.377) respectively).

Among those having sex in last 30 days preceding the survey, Sexual activity ranges from 1 to 10 times with commercial and 1 to 7 with non commercial partners.

The prevalence of male partner among male street youths are very low and only 5 or 1.6% of study subjects have male partner and all of them did sexual contact 12 months preceding the interview at least one time.

Even though sex between the same sex was very low from the quantitative survey, in the FGD kissing between male is common and one male street youths reported as raped by the male. In addition to this female CSW forced to have sex when they didn't get a customer.

FGD suggested that condom use among street youths is now the time is common when we compared with the previous one and among the discussants most of them use regularly when they have sex but female discussants preferred brand condom products like sensation and they refused to have sex if the male partner not able to get that brand product.

During FGD about the quality of condom, one of the discussant said ***,I didn't believe condom because it breaks easily in order to protect my self I used two/three condoms at a time to avoid brakage(22 years old street outh)*** but when this issue raised most of the discussant did this thing several times. Regarding female condom knowledge only few discussants heard about female condom but none of them didn't see it.

Table 2: Sexual experience and practice among street youths in Bahir Dar town, September 2010.

Variable	Frequency	Percent (%)
Ever had sexual intercourse		
Yes	244	69.9

No	105	30.1
Reason to start sex		
Personal desire	135	55.3
Peer pressure	73	29.9
Influence of alcohol	32	13.1
Rape	4	1.6
First sexual partner		
Husband/wife	15	6.5
Steady boy/girl friend	88	36.1
Casual boy/girl friend	55	22.5
CSW	81	33.2
Family member	1	0.4
Rape	4	1.6

6.4. Practice and perception on drug and condom usage

The drugs considered in this study were found to spread among the surveyed street youths at different rate of consumption's. Accordingly, the highest consumption rate was reported for alcohol use 190 (54.44%) followed by, Cigarette 155(44.4%) khat 143(41.0%), and shisha/Gaya 25(7.2%). The two UN conventional drugs constituted low rate of consumption (8.6%) for benzene use and 1.4% for hashish. In this survey only 15 people get self-injecting drug. Extent or magnitude of reported involvement in the consumption of alcohol in the past four weeks out of 190 study participants 43 of them are heavy users (drinks alcohol daily), 31 of them are moderate users (drinks alcohol on weekly bases) and 116 of them are light users (drinks alcohol not on regular bases). Frequency of Khat chewing among 143 users, 73 (20.9%), 16(4.6%), 54(15.5%) are daily, once per a week and infrequently chewers respectively. The amount of cigarette consumption, Out of 155, 29 (8.3%) smoke cigarette on daily bases, 42 (12%) smoke on three to four times a week and 84(24.1%) of them smoke cigarettes sometimes.

In FGD most of the discussants admit of using alcohol, khat and cigarette including the female discussants. The main reason to take such drugs is to forget the pain of the street life and to protect themselves from cold but after taking khat they always went to "Arekie houses" means place where they got alcohol with very low prices and finally they went to get somebody for sex.

I always use chat and alcohol because when I took it I will be comfortable and I forgot the street life and I didn't afraid when I ask some body for sex(18 years male street youths)

Ever heard of male condom among sexually active street youths is very high (98.6%). Out of the 344 interviewed who heard about male condom 338 or 96.8% of them know the place where to obtain male condom, the four most dominant places are shop (86.8%), pharmacy (85.7%), health center/hospital(84%), and street vendor(79.4%). See table below. Male condom is easily accessible (less than one hour) in 98.3% of street youths. Out of the participants who heard about male condom, 256 or 74.4% say the quality of male condom is good, 47 or 13.7% say bad and 41 or 11.9% say condom breaks easily. In contrast ever heard of female condom among sexually active street youths is very low out of the 349 interviewed only 24.4% of them heard about female condom.

Among those who had sex with commercial partners in last 30 days preceding the survey, Sexual activity ranges from 1 to 10 times and 152 or 76.8% use condom in their last sexual intercourse and the decision to use condom were initiated by themselves by 98 or 64.5%, joint decision by 29 or 19.1% and their partner 25 or 16.5%. The three main reason for those who didn't use condom in last sexual contact are not comfortable (24), I didn't like it(19) and I was drunk(16). Among the respondents who used condom 76 of them used consistently, 79 of them used almost every time, 25 used sometimes and 18 never used condom when having sex.

Table 3: Practice and perception on drug and condom usage among street youth in Bahir Dar town, September 2010

Variables	Frequency	Percent (%)
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Khat Chewing(n=349)		
Yes	143	41.0
No	206	59.0
Drinking Alcohol(n=349)		
Yes	190	54.4
No	159	55.6
Cigarette smoking		
Yes	155	44.4
No	194	55.6
Condom Use in last sex-commercial (n=198)		
Yes	152	76.4
No	46	23.6
Condom use in last sex non-commercial(n=68)		
Yes	50	73.5
No	18	26.5
Male condom quality perception(n=344)		
Good	256	74.4
Bad	88	25.6
Condom use consistency		
Always	76	38.4
Inconsistent	122	61.6
Ever heard of female condom(n=349)		
Yes	85	24.4
No	264	75.6

6.5. Knowledge of STIs and HIV/AIDS

Ever heard of sexually transmitted infections including HIV/AIDS is fairly high out of 349 respondents 328 or 94 % of them heard that there are diseases that transmit by sexual

intercourse but Knowledge of STI other than HIV/AIDS is very low Gonorrhea 139(42.4%), Syphilis 116 or 35.4% and Chancroid 56 or 17.1%. The proportion of respondents mentioning at least two STI is 188 or 53.9%. Regarding HIV/AIDS almost all respondents except two (326 or 99.4%) heard the disease HIV/AIDS. In contrast to high knowledge of STI including HIV, only 199 or 60.7% can name at least two STI transmission mechanism and only 150 or 45.7% of respondents can name at least two STIs prevention mechanism. 43 Or 25.8% of respondents suspect themselves having STI. The four main reasons to suspect themselves are having sex without condom, use contaminated sharps and injections, having more than one sexual partner and have had sex with CSW. The three major means of information regarding STI including HIV/AIDS are from mass media 195 or 65.4%, followed by friends 154 or 51.7% and 73 or 24.5% health professionals. Regarding their knowledge on signs and symptoms of STI in female and male only 34 or 10.4% of respondents can mention at least two STI symptoms in female and 87 or 26.5% can name at least two STI symptoms in male.

In FGD most of the discussants believed that TB is one of an STI and it is transmitted by sexual intercourse. Almost all discussants in all FGD they ever heard about HIV and TB that can be transmitted by Sex. In addition to this when they asked about the symptom of an STI both in male and in female they reported as a person having an STI will be initiated. This shows that there is a knowledge gap regarding an STI. Age is a factor to know an STI, in age group >18 years all the discussants know there is an STIs that can be transmitted by sexual intercourse.

Table4: Number and percentage of respondents who reported have heard of and recognize symptoms, transmission and prevention of STIs.

Variables	Frequency	Percent (%)
Heard about STI(n=349)		
Yes	328	94.0

No	21	6.0
Heard about(n=328)		
HIV	326	99.4
Gonorrhea	139	42.4
Syphilis	116	35.4
Chancroid	56	17.1
LGV	39	11.9
STI transmission(n=328)		
Unsef sex	302	92.1
Sharing needle and sharps	194	59.1
Blood transfusion	46	14.0
Mother to child	15	4.6
Mosquitoes and other insects	2	0.6
Breast milk	2	0.6
Contact with person	3	0.9
Others	4	1.2
Recognize at least 2 STI	199	60.7
transmission		
STI prevention		
Abstinence	158	48.2
Faithfullness	106	32.3
Consistent condom use	192	58.5
Avoiding causal sex	54	16.5
Avoiding sex with CSW	11	3.4
Recognize at least 2 STI	150	45.7
prevention		
Recognize at least 2 symptoms	87	26.5
in males		
Recognize at least 2 symptoms	34	10.4
in females		

6.6. STI Prevalence and health seeking behavior

This prevalence study is limited to its focus to the most common STIs with clear signs and symptoms in Bahir Dar Town. Among the sexually active street youths, 32.2 % ,28.2 % of male and 67.6 of females of them had either genital discharge or genital ulcer or

both(88 or 25.2% have had a genital discharge and 46 or 13.2% have had genital ulcer) in the last previous 12 months preceding the survey.

Respondents who said they had experienced symptoms of STIs in the past year were asked whether they sought medical treatment or not? According to their response, 52% of the respondents sought medical treatment from health institutions, mainly at a health center or hospital followed by private pharmacy (34%) and from peer or friends(14%). Notably, around 10.5% of the respondents reported that they stopped having sex when they had the STI symptoms. Only, 10% said that they told their sexual partners about the STI and 21% reported starting condom use when having sex during that period. Considerable number 34.2 % didn't tell anybody/ take any action when having the symptom of STIs. Most of the respondents who seek advice they obtain the drug either from government institution and private pharmacy.

Table 5: Prevalence of symptomatic STIs among street youths in Bahir Dar Town, September 2010

Symptomatic STIs	Prevalence	CI
Symptomatic STIs (either discharge or ulcer or	32.2%	(27.30, 37.10)

both)		
Genital-discharge	25.2%	(20.64, 29.76)
Male	20.5%	(16.00,25.00)
Female	64.9%	(49.50,80.30)
Genital-Ulcer	13.2%	(9.64, 16.76)
Male	13.5%	(11.57,15.43)
Female	10.8%	(5.70,15.90)

6.7. Bivariate and Multivariate Analysis on risky sexual behavior and STIs

More than two third of the study participants ever had sexual intercourse. In bivariate and multivariate analysis being in the age group between 15-19 is protective on participating in risky sexual behavior (COR 0.166 and 95% CI 0.048, 0.573) and AOR 0.161 and 95% CI (0.044, 0.589) when we compared with age group 20-24. Where as other socio-demographic variables and other factors are not significantly associated with risky sexual activity (see table 6).

In binary logistic regression analysis, being in the age group of 10-14 and 15-19 at risk of having STI(COR 3.528 and 95% CI 1.695, 7.343) and(COR 5.011 and 95% CI 2.299,10.923) respectively (at p value <0.001)when compared with age group of 20-24. Being male is protective to acquire STIs when we compared with females (COR 0.189 and 95% CI (0.091,0.392)at P value <0.001. out of the respondents who claim having alcohol on daily base has association with contracting an STI with (COR 2.275 and 95% CI 1.143,4.527) at p value <0.001 but other variables like cigarette smoking, Khat chewing, having parents dead and educational level have not association at statistically significant level. In multivariate analysis for controlling with possible confounding only being female has association with respondents experiencing one of the symptomatic STI .(See table 07) .

Table 06: Relationship between risky sexual behavior, socio-demographic variables and drug abuse among street youths in Bahir Dar town, September 2010

Variable	Risky sexual behavior		OR (95% CI)	
	Yes	No	Crude(95% CI)	Adjusted (95% CI)

Age				
10-14	10	2	0.203 (0.030, 1.365)	0.174(.022,1.387)
15-19	94	23	#0.166 (0.048, 0.573)	0.161(.044,0.589)
20-24	74	3	Ref	Ref
Sex				
Male	157	25	0.897(0.249, 3.231)	0.668(0.159,2.808)
Female	21	3	Ref	Ref
Education				
Yes	137	23	0.726(0.260,2.031)	0.663(0.215,2.049)
No	41	5	Ref	Ref
Alcohol				
Everyday	33	4	1.730 (0.522, 5.729)	1.191(0.237,5.982)
Once a week	17	2	1.782(0.366,8.674)	1.003(0.163,6.162)
More than once a week	66	9	1.538(0.614,3.850)	1.569(0.486,5.065)
Never	62	13	Ref	Ref
Khat				
Everyday	51	5	1.970 (0.686, 5.660)	1.722(0.466,6.371)
At least once a week	8	0	0.000008 (0.000, -)	0.0008(0.000,)
Less than once a week	31	6	0.998 (0.361, 2.759)	0.943(0.261,3.411)
Never	88	17	Ref	Ref
Shisha				
Everyday	2	0	0.000008 (0.000,-)	0.000007(0.000,)
At least once a week	7	1	1.174(0.139,9.941)	0.344(0.025,4.809)
Less than once a week	14	1	2.348(0.296,18.626)	0.725(0.092,5.747)
Never	155	26	Ref	Ref
Cigarette				
Daily	88	13	1.477(0.309,7.071)	1.175(0.174,7.928)
Most of the times	45	9	0.923(0.277,3.082)	0.685(0.104,4.509)
Sometimes	25	4	0.739(0.294,1.858)	0.725(0.092,5.747)

Never	20	2	Ref	Ref
Parents				
Both dead	83	10	1.581(0.581,4.302)	1.421(0.457,4.411)
Only father alive	31	4	1.476(0.408,5.346)	1.168(0.289,4.720)
Only mother alive	22	6	0.698(0.215,2.267)	0.685(0.190,2.465)
Both alive	42	8	Ref	Ref
## p<0.01,#<0.05				

Table 07: Relationship between socio-demographic variables, MSP and consistent condom use and STIs

Variable	STIs		OR(95% CI)	
	Yes	No	COR (95% CI)	AOR (95% CI)

Age

10-14	10	66	#3.528(1.695,7.343)	1.358(0.284,6.483)
15-19	62	116	#5.011(2.299,10.923)	0.872(0.434,1.752)
20-24	41	54	Ref	Ref

Sex

Male	88	224	#0.189(0.091,0.392)	#0.140(0.042,0.471)
Female	25	12	Ref	Ref

Education

Yes	87	178	1.090(0.642,1.850)	0.710(0.321,1.570)
No	26	58	Ref	Ref

Alcohol

Everyday	21	22	#2.275(1.143,4.527)	0.829(0.257,2.675)
Once a week	7	24	0.695(0.280,1.724)	0.274(0.067,1.125)
>than once a week	38	78	1.161(0.693,1.945)	0.801(0.330,1.942)
Never	47	112	Ref	Ref

Khat

Everyday	30	43	1.698(0.975,2.956)	0.918(0.365,2.310)
At least once a week	5	11	1.106(0.369,3.320)	1.581(0.237,10.547)
< than once a week	18	36	1.217(0.641,2.309)	0.946(0.355,2.519)
Never	60	146	Ref	Ref

Shisha

Everyday	1	1	2.158(0.134,34.855)	0.789(0.037,16.869)
At least once a week	4	6	1.439(0.397,5.212)	0.919(0.150,5.633)
< than once a week	7	11	1.374(0.517,3.647)	0.589(0.156,2.231)
Never	101	218	Ref	Ref

Cigarette

Daily	60	134	0.634(0.285,1.411)	0.283(0.079,1.018)
Most of the times	26	58	0.635(0.266,1.5191)	0.315(0.090,1.099)
Sometimes	15	27	0.787(0.298,2.080)	0.373(0.099,1.412)
Never	12	17	Ref	Ref
Parents				
Both dead	51	84	1.687(0.963,2.955)	0.811(0.363,1.811)
Only father alive	15	35	1.190(0.564,2.515)	0.501(0.178,1.408)
Only mother alive	20	42	1.323(0.663,2.639)	0.770(0.251,2.367)
Both alive	27	75	Ref	Ref
Multiple sexual partner				
Yes	77	90	1.014(0.559,1.840)	1.402(0.617,3.184)
No	27	32	Ref	Ref
Consistent condom use				
Yes	56	80	0.628(0.334,1.78)	0.773(0.379,1.575)
No	29	26	Ref	Ref

p<0.01

7. Discussion

This study focused on the sexual practices and prevalence of self-reported sexually transmitted infections among street youths.

The age of onset and level of sexual intercourse 69.9% (68.9% of male and 78.4 % of female) of respondents had had sexual intercourse at the average age of 15.37yrs (SD± 2.236), for male

15.41(SD± 2.236) and for female 15.07(SD± 2.137) was found consistent with what others have reported in other studies (6, 7, and 22) but the number of sexual partners 3.5(SD± 3.492) for commercial and non-commercial 2.34(SD± 1.377) in this study was found a little bit higher than what others studied. During FGD some of the street youths have more than 20 partners and having multiple partner is a sign of brave and handsome/buity.

About 93.5% of street youth reported having had sexual activity in a month prior to the interview; the average number of sexual activities per a month ranged from 1 with casual (non-regular) partners to 10 with paying partners. Male street youth reported having sex more frequently with regular and casual partners than did females, while females reported having sex with paying partners more frequently than did males.

Almost more than three quarter of study participants reported that they started sex out of personal interest and peer pressure. None of the males and 1.6% of female respondents stated forced sex as first experience. This result is different from that of Mitike's study which found out that 43% initiated sexual activity as a result of forcible rape (23). The discrepancy in the study may be due to small female street youths sample size in this study.

Street youth were asked to report if they had used condoms at the most recent sexual encounter with their sexual partners, 23.3% (21.7% male and 34.8% of females) of street youth reported not using a condom at their last sexual encounter. While these proportions are low when we compared with other findings. In a study of risk behaviours for AIDS among homeless youth, one-third of sexually active youth reported irregular condom use (45), furthermore, 32% of youth in the *Street Youth and AIDS* study reported never using condoms (46)

Even though knowledge of HIV/AIDS is consistent with other studies, in this study knowledge of STI other than HIV/AIDS is very low (Gonorrhea 42.4% and Syphilis 35.4% with knowledge Gonorrhea 94% and syphilis 96%). Symptom recognition of STI both in male and female is very low when compared with the study conducted in Indonesia. In this study sexually-experienced street youths revealed those self-reporting a history or symptoms of STI were more likely to have used condoms during the last sexual intercourse and know where to get male condom compared to their counterparts who denied having symptoms/history of STI.

While the prevalence of STI for genital discharge (25.2%) and for genital ulcer (13.2%) in the present study sample was a little bit higher than in Dessie and Adama (18.9% and 3.5%)(6,41)

recorded for sexually experienced street youths. The difference in STI rates may be attributable to high sexual activity in the later study.

Consistent use of condom (38.4%) among respondents in this study was comparatively higher than that reported by others 22.8 % (6). The reason is high knowledge of HIV in the former study. It is surprising to note that those self-reporting a history or symptoms of STI were significantly more likely to report using a condom for the last sexual encounter compared to those denying such a history. Given their recent history of STI, it is possible that the one who had previous experience of having STI group had a higher perception of their risk for acquiring or spreading STI. Consequently, they may have been more likely to use a condom the last time they had sex as a precautionary measure. A parallel can be drawn from the findings from another study conducted in Brazil strengths, perceived susceptibility to HIV was found to be associated with using a condom at last sexual intercourse (42). Having more than one sexual partner is associated with STI and this finding is strengthened by the study conducted by Boyer CB in that having more sexual partners has been found to be associated with STI and it was not unusual to find that compared to study subjects who deny STI symptoms, the STI experienced group in this study was significantly more likely to report having 2 or more sexual partners in the year preceding the survey (44).

Interesting in this study was the finding that almost all of these sexually experienced street youths had knowledge on HIV/AIDS but not other STIs both on transmission and prevention mechanisms. Unlike the study conducted in Ghana most of the study participants know where to obtain male condom and condom is easily accessible (<1hr) in almost all respondents (43).

The level of substance abuse was assessed considering as it is predisposing factor to risky sexual behaviors and reported as being practiced among the youth. The results indicated that living on the street found to be associated with higher rates of substance use, which is consistent with previous research on level of substance abuse among street youths in Bahir Dar town is almost similar with other studies conducted in Dessie and Adama (6, 22). The use of alcohol and drugs may serve as a coping mechanism that helps these young people deal with the pain and suffering that many of them experienced as a result of early childhood abuse. Young people who report high alcohol and/or drug use are more likely to engage in survival sex, have numerous sexual partners, and use condoms inconsistently during sexual intercourse. It is possible that being

intoxicated or high lowers peoples' inhibitions, which may result in them having sex with numerous partners. In addition, some adolescents may get drunk prior to engaging in prostitution because it makes it somewhat easier to deal with the casualness of their encounters. Finally, the likelihood of street youth using condoms during sexual intercourse is likely to be reduced when they have been using alcohol and/or drugs (5).

8. Strengths and limitations of the study

8.1. Strengths

- This study has focused on marginalized and neglected group of people who are highly vulnerable to HIV and other STIs where adequate information and studies are lacking. This might certainly fill some of the knowledge gap and serve as baseline information for future studies.
- As studies conducted on this area are not too many this study can be used as a baseline data for further studies and program implementation in organizations working on street youths

- Having complimentary FGD

8.2. Limitation of the study

- The main limitation of this study is the study participants' difficulty to discuss sexual matter in face-to face interview. Hence, some sort of social desirability bias may not be eliminated even though the survey was done anonymously by arranging same sex interviewer.
- Risk factor analysis for some of the dependent variables was difficult because of the small sample size.
- The self-report nature of the study leaves room for reporter bias.
- This is a cross-sectional study and thus it is not possible to determine either causality or directionality of the variables analyzed.

9. Conclusion

The study confirmed the findings in earlier studies in Ethiopia and elsewhere that street youths are:

- Are involved in a risky sexual behavior and most had their first sexual experience on the street and they have multiple sexual partnerships and most of the time they have sex with prostitutes. Nevertheless, the level of their condom use is very low and the use patterns are inconsistent.
- There is high prevalence of STI (32.2%) among street youths and their life styles place them at high risk for the contraction and transmission of STIs including HIV/AIDS.
- Females are at risk of contracting STI than males because they participate in a risky sexual behavior and this increase their vulnerability to STIs.

- There is evidence of drug use which may also increase to participate in a risky sexual behavior and to increase their vulnerability to STIs.

10. Recommendation

- Coordinated and comprehensive effort like IEC/BCC campaigns should be done by responsible governmental and non governmental organizations to bring behavioral change in reducing risky sexual practices and to encourage the youths to delay sex.
- The street children's level of awareness of HIV/AIDS is quite high but there is still room for improvement. The knowledge they have must be reinforced. In particular, their misconceptions about the disease must be corrected through intensive education where as their level of knowledge on STIs other than HIV is very low and the responsible party has to incorporate STIs when they give health education on HIV/AIDS.
- Even though condom awareness seems very high still the practice of condom use very low and the responsible party should make condom available in every corner.
- Substance abuse like intake of alcohol and khat chewing is highly prevalent among street youth which influences them to practice risky sexual behaviors. Efforts need to be made to make their life hopeful and prepare street based activities and some income generating schemes.

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Annexes

Annex I

Consent form English

My Name is _____. I came from _____. I am a member of the research team of Addis continental institute of public health and University of Gondar joint MPH program. I would like to inform you that you and I would have a short discussion concerning this study. Before we go to our discussion, I will request you to listen carefully to what I am going to read to you about the purpose and general condition of the study and tell me whether you agree or disagree to participate in this study.

The purpose of this study is to assess the sexual experience and sexually transmitted Infections among age 10-24 years living in this town. You are selected to be one of the participants in the study.

The study will be conducted through interviews. We are asking you for a little of your time, about thirty minutes, to help us in this study. In the end, it is hoped that the information you give us could help to design appropriate reproductive health services for youth living on the street.

The interview involves intimate and private life questions. So private setting is needed in which we will carry out the interview. We would like to assure you that this privacy should strictly be maintained throughout. A code number will identify every participant and no name will be used. Your responses to any of the questions will not be given to anyone else and no reports of the study will ever identify you. If a report of results is published, only information about the total group will appear.

The interview is voluntary. Your participation/ non-participation, or refusal to respond to the questions will have no effect now or in the future on services that you or any member of your family may receive from any service providers. Are you willing to participate in this study? _____ Yes.
 _____ No

Name and signature of interviewer _____ Date _____

Name and signature of supervisor _____ Date _____

Time taken _____

Annex 2

Structured questionnaire in English

Section 1: Background characteristics

No.	Questions	Coding categories	Skip to
Q101	RECORD SEX OF THE RESPONDENT (Don't ask)	MALE 1 FEMALE 2	
Q102	How old are you at your last birthday?	AGE IN COMPLETED YEARS [][] DON'T KNOW 98	

		NO RESPONSE 99	
Q 103	<p>What religion are you following?</p> <p>READ OUT</p> <p>CIRCLE ONE</p>	<p>1.ORTHODOX</p> <p>2.CATHOLIC</p> <p>3.PROTESTANT</p> <p>4.MUSLIM</p> <p>5.NO RELIGION</p> <p>6.OTHERS _____</p> <p>88.DON'T KNOW</p> <p>99.NO RESPONSE</p>	
Q 104	To which ethnic group is you belong?	<p>1.Amhara</p> <p>2.Awie</p> <p>3.Oromo</p> <p>4.Other,specify-----</p>	
Q105	Have you ever attended school?	<p>1.Yes</p> <p>2.No</p> <p>99. No response</p>	If No→109
Q106	<p>What is the highest level of grade you completed?</p> <p>CIRCLE ONE</p>	<p>1.Read and write</p> <p>2.Grade 1-4</p> <p>3.Grade 5-8</p> <p>4.Grade 9-10</p> <p>5.Grade 11-12</p> <p>6.Above grade 12</p> <p>99.NO RESPONSE</p>	

Q 107		1.Got pregnant	
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	<p>Why did you stop going to school?</p> <p>(DO NOT READ OUT)</p> <p>More than one answer is possible</p>	<p>2.No money for school fees</p> <p>3.Parents died</p> <p>4.Failed/academic dismissal</p> <p>5.Completed 12th grade</p> <p>6.Health problem</p> <p>7.To assist my parents</p> <p>8.My parents refused</p> <p>9.Disciplinary dismissal</p> <p>10.No school to continue</p> <p>11.Family discord</p> <p>12.Migration</p> <p>13.Others _____</p> <p>99.NO RESPONSE</p>																												
Q108	<p>Do you work to earn money for yourself?</p>	<p>1.Yes</p> <p>2.No</p> <p>99.No response</p>	<p>If No→Q114</p>																											
Q109	<p>What do you do to earn money?</p> <p>MULTIPLE ANSWERS ARE POSSIBLE.</p> <p>(DO NOT READ OUT)</p> <p>CIRCLE 1 FOR ALL MENTIONED.</p> <p>CIRCLE 2 FOR ALL NOT</p>	<table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1. Construction work</td> <td></td> <td>2</td> </tr> <tr> <td>2.Buy and sell</td> <td></td> <td></td> </tr> <tr> <td>3.Shoe Shining</td> <td></td> <td>2</td> </tr> <tr> <td>4. Taxi assistant</td> <td></td> <td>2</td> </tr> <tr> <td>5.Domestic worker</td> <td></td> <td>2</td> </tr> <tr> <td>6.Shop</td> <td></td> <td>2</td> </tr> <tr> <td>7.worker/Tea/Pastry</td> <td></td> <td>2</td> </tr> <tr> <td>8.Hair dresser /Barber</td> <td></td> <td></td> </tr> </table>		YES	NO	1. Construction work		2	2.Buy and sell			3.Shoe Shining		2	4. Taxi assistant		2	5.Domestic worker		2	6.Shop		2	7.worker/Tea/Pastry		2	8.Hair dresser /Barber			
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7.worker/Tea/Pastry		2																												
8.Hair dresser /Barber																														

	MENTIONED.	8.Broker 2 9.Attending cars 10.Exchange of money for sex 1 2 11.begging 1 2 12. Other _____ 1 2 99.NO RESPONSE 1 2 1 2 1 2	
Q110	On average how much do you earn per day? Enter number	1.Less than 5 Birr 2.5 to 10 birr 3.10 to 20 birr 4.>20 birr 99.No response	
Q111	What do you do with this money? Do you keep most for yourself? Give it to your family? Or what?	1.KEEP FOR SELF 2.FAMILY 3.OTHER _____ 88 DON'T KNOW 99. NO RESPONSE	
Q112	Are you supporting any one (Children, parents or others) now?	1.Yes 2.No 99.NO RESPONSE	If No→Q116
Q113	How many people are you supporting now?	Number of adults [----/----] Number of children [-----/-----] 88.DON'T KNOW	

		99.NO RESPONSE	
Q114	Where was your permanent residing area before you came to Bahir Dar	1.Bahir Dar Town 2.Urban outside Bahir Dar 3.Rular outside Bahir Dar	

Q115	Duration of street life [enter number]	-----Years ----- Months 88.Don't know/remember	
Q116	What is the main reason to come to street?	1.Peer pressure 2.Death of parents 3.Looking for a job 4.Due to alcoholic family 5.Lack of peace in the family 6.Displacement 7.Change of life style 8.Poor family 9.Illness of families 10.Others, specify_____ 88. Don't know/remember 99.No response	

Q117	If your father is alive, What is your father's occupation?	1. Daily laborer 2. Civil servant 3. Farmer 4. Employed in private sector 5.Has private business 6.Retired 7.No occupation 8 Others, specify ----- 88.Don't know 99.No Response	If No skip to Q118
Q 118	If your mother is alive, What is your mother's occupation?	1. Housewife 2. Daily laborer 3. Maid servant 4. Retired 5. Civil Servant 6. Employed in private sector. 7.Has private business 8.Others, specify ----- 88.Don't know 99.No response	If no skip to Q119
Q 119	If your father is alive, Your father's educational status	1. Illiterate 2. Read and write only 3.1-8 grade 4.9-12 grade 5.Diploma and above 88.Don't know	If no skip to Q 120

Q 120	If your mother is alive, Your mother's educational status	1. Illiterate 2. Read and write only 3.1-8 grade 4.9-12 grade 5.Diploma and above 88.Don't know 99.No response	If no skip to Q 121
Q 121	Where do you sleep during the night? READ OUT	1.On the street 2.Small rented house 3.Plastic shelter 4. Families house 5.Dormitorieswith small prices 6.Others specify---	

Q122	<p>Whom Do you presently live: with?</p> <p>READ OUT</p> <p>Alone?</p> <p>With both Parents?</p> <p>With father only?</p> <p>With mother only?</p> <p>With family (relative)?</p> <p>With employer?</p> <p>With peers/friends/coworkers/</p> <p>Students?</p> <p>Not living anywhere (on the street)?</p> <p>More than one answer possible</p>	<p>1.Alone</p> <p>2.With both Parents</p> <p>3.With father only</p> <p>4.With mother only</p> <p>5.With family (relatives)</p> <p>6.With employer</p> <p>7.With peers/ friends/ coworkers</p> <p>8.Students</p> <p>9. Not living anywhere (on the street)?</p> <p>10.Other_____</p> <p>99.NO RESPONSE</p>																															
Q123	<p>During the last 4 weeks how often have you had drinks containing alcohol? Would you say (Tela, Tej, Beer, Arekieetc)</p> <p>...READ OUT</p> <p>CIRCLE ONE</p>	<p>1.Every day</p> <p>2.Once a week</p> <p>3.More than once a week</p> <p>4.Never</p> <p>88.DON'T KNOW</p> <p>99.NO RESPONSE</p>																															
Q124	<p>Some people have tried a range of different types of drugs. Which of the following, if any, have you tried?</p> <p>READ LIST</p>	<table> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>NR</th> </tr> <tr> <td>KHAT</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>SHISHA (GAYA)</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>BENZENE</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>HASHISH</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> </table>		YES	NO	DK	NR	KHAT	1	2	88	99		1	2	88	99	SHISHA (GAYA)	1	2	88	99	BENZENE	1	2	88	99	HASHISH	1	2	88	99	
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HASHISH	1	2	88	99																													

		COCAINE	
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Q125	<p>During the last 4 weeks how often have you used drugs? Would you say ...READ OUT</p> <p>CIRCLE ONE</p> <p>1=EVERY DAY</p> <p>2=AT LEAST Once A week</p> <p>3=Less than once a week</p> <p>4=never</p> <p>88=Don't know</p> <p>99=NO RESPONSE</p>	<table> <tr> <td>KCHAT</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> <td>99</td> </tr> <tr> <td>SHISHA/GAYA</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td>99</td> </tr> <tr> <td>BENZEN</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td>99</td> </tr> <tr> <td>HASHISH</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td>99</td> </tr> <tr> <td>COCAINE</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td>99</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td> <td>99</td> </tr> </table>	KCHAT	1	2	3	4	8	99	SHISHA/GAYA	1	2	3	4		99	BENZEN	1	2	3	4		99	HASHISH	1	2	3	4		99	COCAINE	1	2	3	4		99		1	2	3	4		99	
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COCAINE	1	2	3	4		99																																							
	1	2	3	4		99																																							
Q126	<p>Some people have tried injecting drugs using a syringe. Have you injected drugs in the last 12 months?</p> <p>Drugs injected for medical purposes or treatment of an illness do not count</p>	<p>1.YES</p> <p>2.NO</p> <p>88.DON'T KNOW</p> <p>99.NO RESPONSE</p>																																											
Q127	Do you smoke cigarettes?	<p>1. Have never smoked</p> <p>2. I have tried once or twice</p> <p>3. I smoke most of the time</p> <p>4. I smoke daily</p>																																											

Section 2: Male and Female condoms

		99 -NO RESPONSE	2	
			2	
			2	
			1 2	
Q205	How long would it take you to obtain a male condom close to your house or to where you work?	1.Under 1 hour 2.1 hour to 1 day 3.More than 1 day 88.DON'T REMEMBER /DON'T KNOW 99.NO RESPONSE		
Q206	What do you think of the quality of Male condom? READ OUT	1.Good 2.Bad 3.It breaks easily 88.DON'T KNOW 99.NO RESPONSE		
Q 207	Have you ever heard of female condom (Show picture or sample of one.) (I mean a rubber object that a woman puts on her vagina before sex.)	1.YES 2.NO 88.DON'T REMEMBER /DON'T KNOW 99.NO RESPONSE		

Section 3: Concerning sexuality and Sexual Experience

No.	Questions	Coding categories	Skip to
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Q301	Some people speak, as there are different types of sexual intercourse.		Y N	
	What types of sexual intercourse do you know? Don't Read	1. Vaginal	1 2	
		2. Anal	1 2	
		3. Oral	1 2	
		88.Don't remember/Don't know	1 2	
		99. No Response	1 2	
Q302	Have you ever had sexual intercourse? [For the purposes of this survey, “sexual Intercourse,” is defined as vaginal or anal penetrative sexual intercourse.]	1.YES 2.NO 99.NO RESPONSE		If No →Q502
Q303	At what age did you first have sexual intercourse?	AGE IN YEARS [][] 88.DON'T KNOW 99.NO RESPONSE		
Q304	With whom did you make your first sexual intercourse?	1.Husband/Wife 2.With a steady boy/girl friend 3.with a casual boy/girl friend 4.With a family member 5.with commercial sex worker 6.Raped 6.othres,specify 88.I don't know/remember 99.No response		
Q305	Was a condom used during this first time you had sexual intercourse?	1.YES 2.NO 88.DON'T KNOW		

		99.NO RESPONSE	
Q306	What was your reason for first initiation of sex?	1.Personal desire 2.Peer pressure 3.Influence of alcohol or drug 4.Coercion 5Other----- 88.Don't remember/Don't know 99.No response	
Q307	How much older or younger was the person with whom you had your first sexual experience? READ OUT ANSWERS:	1.SAME AGE 2.MORE THAN 10 YRS OLDER 3.5-10 YRS OLDER 4.LESS THAN 5 YRS OLDER 5YOUNGER 88.DON'T REMEMBER/DON'T KNOW 99.NO RESPONSE	
Q308	How many sexual partners have you ever had?	-----Number of partners 99.No response	
Q309	Have you had sexual intercourse in the last 12 months?	1.YES 2.NO 99.NO RESPONSE	→Q502
Q310	For FEMALES: Think about the male sexual partners you've had in the last 12 months. For MALES: Think about the female sexual partners you've had in the last 12 months.		

	<p>How many were:</p> <p>“Commercial” (partners with whom you had sex in exchange for money)</p> <p>“Non-commercial” Any partner other than a commercial partner</p>	<p>COMMERCIAL [][]</p> <p>88.DON’T KNOW</p> <p>99.NO RESPONSE</p> <p>NON-COMMERCIAL [][]</p> <p>88.DON’T KNOW</p> <p>99.NO RESPONSE</p>	
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Section 3: Commercial partners

Q401	Think about your most recent commercial sexual partner. How many days did you have sexual intercourse with this person over the last 30 days?	<p>Number of days [][]</p> <p>88.DON'TREMEMBER/DON'T KNOW</p> <p>99.NO RESPONSE</p>	
Q402	The last time you had sex with this commercial partner, did you and your partner use a condom?	<p>1.YES</p> <p>2.NO</p> <p>88.DON'T REMEMBER/DON'T KNOW</p> <p>99.NO RESPONSE</p>	
	Who suggested condom use that time?	1.Myself	

Q403	CIRCLE ONE	2.My partner 3.Joint decision 88.DON'T REMEMBER/ DON'T KNOW 99.NO RESPONSE																																																										
Q404	If condom not used. Why didn't you and your partner use a condom that time? CIRCLE ALL ANSWERS MENTIONED (DO NOT READ OUT) CIRCLE 1 FOR ALL MENTIONED. CIRCLE 2 FOR ALL NOT MENTIONED.	<table border="0"> <tr> <td></td> <td>Y</td> <td>N</td> </tr> <tr> <td>1. Not available</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Too expensive</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Not comfortable initiating</td> <td></td> <td></td> </tr> <tr> <td>4. Partner objected</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. In a hurry</td> <td>1</td> <td>2</td> </tr> <tr> <td>6. Embarrassed to buy or ask for</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Used other contraceptive</td> <td>1</td> <td>2</td> </tr> <tr> <td>8. Didn't think it was necessary</td> <td>1</td> <td>2</td> </tr> <tr> <td>9. Didn't think of it</td> <td>1</td> <td>2</td> </tr> <tr> <td>10. Allergy/ Itching</td> <td></td> <td></td> </tr> <tr> <td>11. I don't like it</td> <td>1</td> <td>2</td> </tr> <tr> <td>12. I trust my partner</td> <td>1</td> <td>2</td> </tr> <tr> <td>13. I was drunk</td> <td>1</td> <td>2</td> </tr> <tr> <td>14. Don't trust condoms as they transmit HIV</td> <td>1</td> <td>2</td> </tr> <tr> <td>15. Due to lack of knowledge of applying condom</td> <td></td> <td></td> </tr> <tr> <td>16. Due to frequent breakage of condom</td> <td>1</td> <td>2</td> </tr> <tr> <td>17. It reduces my sexual pleasure</td> <td>1</td> <td>2</td> </tr> <tr> <td>18. Desire to conceive</td> <td></td> <td></td> </tr> </table>		Y	N	1. Not available	1	2	2. Too expensive	1	2	3. Not comfortable initiating			4. Partner objected	1	2	5. In a hurry	1	2	6. Embarrassed to buy or ask for	1	2	7. Used other contraceptive	1	2	8. Didn't think it was necessary	1	2	9. Didn't think of it	1	2	10. Allergy/ Itching			11. I don't like it	1	2	12. I trust my partner	1	2	13. I was drunk	1	2	14. Don't trust condoms as they transmit HIV	1	2	15. Due to lack of knowledge of applying condom			16. Due to frequent breakage of condom	1	2	17. It reduces my sexual pleasure	1	2	18. Desire to conceive			
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		19. Other _____ 1 2 88. DON'T KNOW 1 2 99. NO RESPONSE 2 1 2	
Q405	In general, how often did you and all of your commercial partner(s) use condom over the last 12 months? Would you say every time, almost every time, sometimes? READ OUT	1. EVERY TIME 2. ALMOST EVERY TIME 3. SOMETIMES 4. NEVER 88. DON'T REMEMBER / DON'T KNOW 99. NO RESPONSE	

Section 5: Non-commercial partners

Q501	Think about your most recent non-commercial sexual partner. How many days did you have sexual intercourse with this person over the last 30 days?	Days in Number __ 88. DON'T REMEMBER / DON'T KNOW 99. NO RESPONSE	
Q502	The last time you had sex with this non-commercial partner, did you and your partner use a condom?	1. YES 2. NO 88. DON'T REMEMBER / DON'T KNOW 99. NO RESPONSE	
Q503	Who suggested condom use that time? CIRCLE ONE	1. Myself 2. My partner 3. Joint decision 88. DON'T REMEMBER / DON'T KNOW 99. NO RESPONSE	

Q504	Why didn't you and your partner use a condom that time?		Y	N	
		1. Not available	1	2	
		2. Too expensive	1	2	
		3. Not comfortable initiating			
		4. Partner objected	1	2	
		(DO NOT READ OUT)			
		5. In a hurry	1	2	
		6. Embarrassed to buy or ask for	1	2	
		CIRCLE ALL ANSWERS MENTIONED			
		7. Used other contraceptive	1	2	
		8. Didn't think it was necessary			
		CIRCLE 1 FOR ALL MENTIONED.			
		9. Didn't think of it	1	2	
		10. Allergy/ Itching			
		CIRCLE 2 FOR ALL NOT MENTIONED.			
		11. I don't like it	1	2	
		12. I trust my partner			
		13. I was drunk	1	2	
		14. Don't trust condoms as they transmit HIV	1	2	
			1	2	
		15. Due to lack of knowledge of applying condom	1	2	
		16. Due to frequent breakage of condom	1	2	
			1	2	
		17. It reduces my sexual pleasure			
		18. Desire to conceive	1	2	
			1	2	
		19. Other _____	1	2	
		88. DON'T REMEMBER / DON'T KNOW			
		99. NO RESPONSE	1	2	

Q505	<p>In general, how often did you and all of your non-commercial partner(s) use a condom over the last 12 months?</p> <p>Would you say every time, almost every time, sometimes</p> <p>READ OUT</p>	<p>1.EVERY TIME</p> <p>2.ALMOST EVERY TIME</p> <p>3.SOMETIMES</p> <p>4.NEVER</p> <p>88.DON'T REMEMBER / DON'T KNOW</p> <p>99.NO RESPONSE</p>	
Q 506	<p>(Ask men): Compare and Reconcile with Q201 (for those who answer yes to anal and oral sex)</p> <p>A- We have just talked about your female sexual partners. Have you ever had any male sexual partners?</p> <p>B- Have you had sexual intercourse with any of your male partners in the past 12 months?</p> <p>(Sexual intercourse defined as penetrative Anal, Oral sex.)</p> <p>C- How many male partners have you had anal, oral intercourse with in the last 12 months?</p>	<p>A- 1. YES</p> <p>2. NO</p> <p>99.NO RESPONSE</p> <p>B- 1. YES</p> <p>2.NO</p> <p>99.NO RESPONSE</p> <p>C- Number of male partners [---/---]</p> <p>88.DON'T REMEMBER /DON'T KNOW</p> <p>99.NO RESPONSE</p>	

Section 6.Voluntary vs. Involuntary Sexual Relations

	<p>During the past 12 months, did any of your sexual partner(s) force you to have sex with them even though you did not want to have sex?</p>	<p>1.YES</p>	
--	---	--------------	--

Q601		2. NO 3. Don't want to respond 99. NO RESPONSE	
Q602	Have you ever been forced to have sex with someone whom you do not know before?	1. YES 2. NO 88. Don't want to respond 99. NO RESPONSE	

Section 7: A) Knowledge and Experience on STIs

No.	Questions	Coding categories	Skip to
Q701	Have you ever heard of diseases that can be transmitted through sexual intercourse?	1. YES 2. NO 99. NO RESPONSE	
Q702	If yes, Which diseases do you know about? (multiple answers are possible) Don't Read	1. Gonorrhea 2. Syphilis 3. Chancroid 4. Lymphogranulomavenerum 5. HIV/AIDS 6. Others, specify_	
Q703	If Yes, Please mention all the ways you believe a person can get Sexually transmitted Disease (STD).[Multiple answers are possible] Don't Read	1. Unsafe sexual intercourse. 2. Sharing needles and syringes. 3. Blood transfusion. 4. Vertical transmission from mother to child 5. Mosquito and other insect bite. 6. Through breast milk. 7. Casual contact with a person (hand, Shaking, sharing food, Coughing etc.	

		8. Others specify-----.	
Q704	A person can get a STD including HIV the first time he or she has sex.	1. Agree 2. Disagree 3. Not sure	
Q705	Is there anything a person can do to avoid/prevent getting sexually Transmitted Diseases including HIV/AIDS	1. Yes 2. No 88. Don't Know	
Q706	What are they? (Probe and indicate that all apply)	1. Sexual abstinence. 2. Remain faithful to a partner. 3. Use of condoms in every act of sexual Intercourse. 4. Avoid casual sex. 5. Avoid sex with CSWs. 6. Others specify -----. 99. No response	
Q707	What does safe sex mean to you? (Probe and indicate all that apply)	1. Abstinence from sexual intercourse 2. Having sex with a single faithful partner 3. Using condom in every sexual intercourse 4. Avoiding sex with prostitutes 5. Others, specify----- 88. Don't know 99. No response	
Q708	Do you believe you have done anything that may have put you at risk of getting Sexually transmitted diseases including HIV virus?	1. Yes 2. No-	

		88. Don't know	
Q709	If yes, why?	1. Have had sex without condom 2. More than one sexual partner 3. Have had sexual intercourse with commercial sex workers 4. Injuries with contaminated sharps instruments 5. Others, specify _____	
Q710	If no, why not?	1. Have never made sexual intercourse 2. One to one sexual relation 3. I always use condom 4. No contact with CSW 5. I did not share injections 6. Others, specify _____	
Q711	Which is your major source of information concerning STDs and HIV / AIDS? [Multiple answers are possible]	1. My parents 2. Friends/ peers 3. Mass media 4. Posters and pamphlets 5. Partner/ husband-wife 6 Religious leaders 7. Health workers 8.No body 9. School 10. Others, specify----- 88.Don't know 99.No response	

Q712	<p>Can you describe any symptoms of STIs in women? Any others?</p> <p>DO NOT READ OUT THE SYMPTOMS</p> <p>CIRCLE 1 FOR ALL MENTIONED.</p> <p>CIRCLE 2 FOR ALL NOT MENTIONED.</p> <p>MORE THAN ONE ANSWER IS POSSIBLE.</p>	<p>Yes No</p> <p>1-ABDOMINAL PAIN 1 2</p> <p>2-GEN/ DISCHARGE 1 2</p> <p>3-FOULSMELLING DISCHARGE 1 2</p> <p>4-BURNINGPAINON URINATION 1 2</p> <p>5-GENITAL ULCERS/ SORES 1 2</p> <p>6-SWELLINGS IN GROIN AREA 1 2</p> <p>7-ITCHING 1 2</p> <p>8-OTHER_____ 1 2</p> <p>99-NO RESPONSE 1 2</p>	
Q713	<p>Can you describe any symptoms of STIs in men? Any others?</p> <p>DO NOT READ OUT THE SYMPTOMS</p> <p>CIRCLE 1 FOR ALL MENTIONED.</p> <p>CIRCLE 2 FOR ALL NOT MENTIONED.</p> <p>MORE THAN ONE ANSWER IS POSSIBLE.</p>	<p>Yes No</p> <p>1-GEN/DISCHARGE 1 2</p> <p>2-BURNING PAIN ON URINATION 1 2</p> <p>3-GENITAL ULCERS/ SORES 1 2</p> <p>4-SWELLINGS IN GROIN AREA 1 2</p> <p>5-OTHER _____1 2</p> <p>99-NO RESPONSE 1 2</p>	
Q714	<p>Other than normal/ natural discharge</p> <p>Have you had a genital discharge during the past 12 months?</p>	<p>1.YES</p> <p>2.NO</p> <p>88.DON'T REMEMBER /DON'T</p>	

		KNOW 99.NO RESPONSE	
Q715	Have you had a genital ulcer/sore during the past 12 months?	1.YES 2.NO 88.DON'T REMEMBER /DON'T KNOW 99.NO RESPONSE	

Q716	Did you do any of the following the last time you had a genital ulcer/sore or genital discharge:				
	READ OUT. MORE THAN ONE ANSWER IS POSSIBLE.	Ys	No	DK	NR
	1. Seek advice/medicine from a government clinic or hospital?	1	2	88	99
	2. Seek advice/medicine from a non-governmental youth Center, clinic or hospital?	1	2	88	99
	3. Seek advice/medicine from a church or charity-run clinic or hospital?				
	4. Seek advice/medicine from a private clinic or hospital?	1	2	88	99
	5. Seek advice/ medicine from Adolescent Health Corner?	1	2	88	99
	6. Seek advice/medicine from a private pharmacy?				
	7. Seek advice/medicine from a traditional healer?	1	2	88	99
		1	2	88	99
	8. Took modern medicine you had at home?				
	9. Took traditional medicine you had at home?	1	2	88	99
	10. Tell your sexual partner about the discharge/ STD?				
	11. Seek advice from family about the discharge/ STD?	1	2	88	99
	12. Seek advice from peers, friends about the discharge/ STD?	1	2	88	99
		1	2	88	99
	13. Stop having sex when you had the symptoms				
	Use a condom when having sex during the time you had the symptoms?	1	2	88	99
	15. Did not tell any body				
	16. Seek advice/medicine from school clinic?	1			

B) STI Treatment seeking behaviors

Q717	If you took medicine for the last episode of symptoms, from where did you obtain the medicine? DO NOT READ OUT CIRCLE 1 FOR ALL MENTIONED. CIRCLE 2 FOR ALL NOT MENTIONED. More than one answer is possible.			
		1-Health worker in clinic/hospital	Yes No	
		2-Pharmacy	1 2	
		3-Unlicensed village health practitioner	2	
		4-Traditional healer		
		5-Friend	1 2	
		6-Family/ relative	2	
		7-“Took medicine I had at home”		
		8-Did not take any medicine	1 2	
		88-DON’T REMEMBER/DON’T REMEMBER	1 2 2	
		99-NO RESPONSE		
			1 2	
			1 2	
			1 2	
			1 2	

Q718	How long after first experiencing symptoms did you seek advice from a health worker in a clinic or hospital?	1.1 week or less	
		2.Less than 1 month but	
		3.more than 1 week	
		One month or more	
		99.DON’T REMEMBER/DON’T KNOW	
		88.NO RESPONSE	

Q 719	Did you receive a prescription for medicine?	1.Yes 2.No 88.DON'T REMEMBER/ DON'T KNOW 99.NO RESPONSE	
Q720	Did you obtain the medicine prescribed?	1.Yes, I obtained all of it 2.I obtained some but not all 3.I did not obtain the medicine 88.DON'T REMEMBER/ DON'T KNOW 99.NO RESPONSE	
Q721	Did you take all of the medicine prescribed?	1.Yes 2.No 88.DON'T REMEMBER/ DON'T KNOW 99.NO RESPONSE	

Q722			Yes No	
	If not, why did you not take all of the medicine prescribed?	1.Felt better	2	
		2.Forgot to take them	2	
	DO NOT READ OUT	3.Take traditional medicine		
	CIRCLE 1 FOR ALL MENTIONED.	4.Can't afford to buy	2	
	CIRCLE 2 FOR ALL NOT MENTIONED	5.Drug reaction		
		6.Other -----		
	CIRCLE ALL THAT APPLY.	88-DON'T REMEMBER/ DON'T KNOW	2	
	More than one answer is possible.	99-NO RESPONSE		
			2	
			2	

That is the end of our questionnaire. Thank you very much for taking time to answer these questions. We appreciate your help.

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101	የታ (አትጠይቅ/ቂ)	ወንድ ሴት	
102	እድሜ /በአመት	_____ እ S ት 88. አላውቅም/አላስታውስም 99.መልስ አልተሰጠም	
103	ኃይማኖት እምብብ/ቢና እንዲያው አክብብ/ቢ	ኦርቶዶክስ እስልምና ኘሮቲስታንት ካቶሊክ ሀይማኖት የለኝም 6.ሌላ ካለ ይገለጽ _____ 88.አላውቅም 99.መልስ አልተሰጠም	
104	የፍታኛው ብሄረሰብ አባል ነህ/ሽ?	አማራ ጎሽ፡፡ ኦሮሞ 4. ሌላ ካለ ይገለጽ _____	
105	ትምህርት ቤት ገብተህ/ሽ ታውቃለህ/ታውቂያለሽ	አዎ አላውቅም 99.መልስ አልተሰጠም	→ወደ ጥ.ቁ 109
106	እስከ ስንተኛ ክፍል ተምረህል/ሻል?	ማንበብ እና መጻፍ ብቻ 1-4 ክፍል	→109

		5-8 ክፍያ ከ 9-10 ክፍል ከ 11-12 ከ 12 ክፍል በላይ 99.መልስ አልተሰጠም	
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107	ወደ ትምህርት ቤት መሄድ ለምን አቆምክ? (መልሱን አታንበው)	ስላረገዝኩ 1 ለትምህርት ቤት የምከፍለው ስለሌለኝ 2 ወላጆቼ ስለሞቱ 3 ከትምህርት ቤት ስለተባረርኩ 4 12 ኛን ስላጠናቀኩ 5 በጤና ችግር 6 ወላጆቼን ለመርዳት 7 ቤተሰብ ስለተቃወመኝ 8 በጸባይ ችግር ስለተባረርኩ 9 ትምህርት ቤት ስለሌለ 10 በቤተሰብ አለመጋባባት 11 12 በስደት ሌላ ካለ ይገለጽ_____13 .መልስ አልተሰጠም.99	
108	ገንዘብ ለማግኘት ስራ ትሰራለህ/ሽ?	አዎ አልሰራም 99.መልስ አልተሰጠም	→መልሱ አልሰራም ከሆነ Q114
		YES NO	

109	ገንዘብ ለማግኘት ምን ዓይነት ስራ ትሰራለህ/ሽ? /ከአንድ በላይ መልስ መስጠት ይቻላል/ (አታንበው) ለተገለፀው 1 ን አክብብ/ቢ. ለልተገለፀው 2 ን አክብብ/ቢ.	1. $\frac{3}{4}\acute{O}^{\vee}\mathfrak{e}^{\wedge}L\tilde{A}$ 2 2. $S\acute{O}^3f^{\omega}Sg\emptyset$ 2 3. $K=cfa$ 2 4. $\text{“}\acute{A}L$ 2 5. $\frac{3}{4}u?f\text{ }c^{\wedge}\}\text{—}$ 2 6. እቃ መሸከም 2 7. $i\tilde{N}^<`u?f$ 2 8. $\acute{E}KL$ 2 9. $S\ddot{Y}=\text{“}T\ddot{O}w$ 2 10. $c?\}\text{“}\text{—}\mathfrak{y}\zeta]$ 1 2 11. MS^{ω} 12. $K?L\ddot{Y}K$ $\frac{3}{4}\tilde{N}K\hat{e}\text{_____}$ 99. መልስ አልተሰጠም	
110	በአማካኝ በቀን ስንት ታገኛለህ/ሽ?	ከ 5 ብር በታች ከ 5 ብር -10 ብር ከ 10 ብር- 20 ብር 4. ሌላ ካለ ይገለጽ _____ 99. መልስ አልተሰጠም	
111	$\frac{3}{4}U\mathfrak{K}\tilde{N}\text{—}^{\omega}<^{\omega}\tilde{N}^2wKU^{\omega}$ $\mathfrak{K}^{\omega}<K^aKI?^{\omega}w^2G\text{—}^{\omega}<^{\omega}K^{\wedge}el$ $f\ddot{O}kUu\mathfrak{K}KI;Ku?\}\text{cw}\}\text{[}\zeta KI\text{ }K?L?$	$K^{\wedge}c? \mathfrak{w}\ddot{O}kUu\mathfrak{K}KG< 1$ $Ku?\}\text{cw}\mathfrak{y}c^{\times}KG< 2$ $K?L\ddot{Y}K\frac{3}{4}\tilde{N}K\hat{e}\text{_____}3$ $\mathfrak{y}L^{\omega}<pU/\lambda\lambda\eta\text{,}j\text{,}w\text{,}\eta\text{ም } 88$ መልስ አልተሰጠም 99	
112	የምትረዳው ሰው አለ?	አዎ.1 አልረዳም.2	መልሱ አልረዳም ከሆነ ወደ ጥያቄ

		መልስ አልተሰጠም.99	114
113	Ec" f c"< f[ÇKI	› ^a m [----/----] lÉ" f[----/----] ›L"<pU 88 መልስ አልተሰጠም 99	
114	ከዚህ በፊት የት ነበር የምትኖረው/ኖረው?	እዚ G< v/Ç` ከ v/Ç` "<ß Ÿ}T "<eØ Ÿv/Ç` "<ß ÑÖ` 88. አላውቅም	

115	ኅዳና ላይ ከወጣህ/ሽ ስንት ጊዜህ/ሽ ነው? /ቁጥር እስገባ/	_____ ኅመት _____ ወር	
116	ወደ ኅዳና የወጣህበት/ሽበት ምክንያት ምን ነበር?	በጓደኛ ግፊት ወላጆች ስለሞቱ e^ öKÖ ቤተሰቦቼ መጠጥ ስለሚጠጡ uu?}cw "<eØ cLU eK?K ueÅf የኑሮ ለውጥ ለማድረግ uÉl' f ቤተሰቦቼ ስለታመሙ ሌላ ካለ ይገለጽ 88.›L"<pU 99.መልስ አልተሰጠም	
117	አባትህ/ሽ በህይወት አለ?	1.አዎ 2.የለም	መልሱ የለም ከሆነ

			ወደ ጥያቄ 119
118	የአባትህ/ሽ ስራ ምንድነው?	የቀን ስራተኛ የመንግስት ስራተኛ ገበሬ የግል ድርጅት ተቀጣሪ በጥቃቅን ንግድ ተዳዳሪ ጡረተኛ ስራ የለውም 8. ሌላ ካለ ይገለጽ _____ 88. አላውቅም 99. መልስ አልተሰጠም	
119	እናትህ/ሽ በህይወት አለች	1. አዎ 2. የለችም	መልሱ የለችም ከሆነ ወደ ጥያቄ 121
120	የእናትህ/ሽ ስራ ምንድነው?	የቤት እመቤት የቀን ስራተኛ የቤት ስራተኛ ጡረተኛ የመንግስት ስራተኛ በግል ድርጅት ተቀጣሪ በጥቃቅን ንግድ ተዳዳሪ 8. ሌላ ካለ ይገለጽ _____ 88. አላውቅም 99. መልስ አልተሰጠም	

121	የአባት/ሽ የትምህርት ሁኔታ	<p>አልተማረም</p> <p>ማንበብና መጻፍ ብቻ</p> <p>ከ 1-8 ኛ ክፍል</p> <p>ከ 9-12</p> <p>ዲፕሎማና ከዚያም በላይ</p> <p>88 አላውቅም</p> <p>99.መልስ አልተሰጠም</p>	
122	የእናት/ሽ የትምህርት ሁኔታ	<p>አልተማረችም</p> <p>ማንበብና መጻፍ ብቻ</p> <p>ከ 1-8 ኛ ክፍል</p> <p>ከ 9-12 ኛ ክፍል</p> <p>ዲፕሎማና ከዚያ በላይ</p> <p>88. አላውቅም</p> <p>99.መልስ አልተሰጠም</p>	
123	<p>ሌሊቱን የት ታሳልፋለህ/ሽ?</p> <p>አንብበው/ቢው</p>	<p>በጎዳና ላይ</p> <p>ተከራይቼ</p> <p>አነስተኛ የላስቲክ ቤት</p> <p>ቤተሰቦቼ ቤት</p> <p>በአነስተኛ አልቤርጎ በትንሽ ክፍያ</p> <p>6. ሌላ ካለ ይገለጽ _____</p>	

124	አብዛኛውን ጊዜ ከማን ጋር ነው የምትጥረው/ረው?	ብቻየን ከሁለቱም ወላጆች ጋር ከአባቱ ጋር ከእናቱ ጋር ከዘመድ ጋር ከቀጠሪዎቹ ጋር ከጓደኞች ጋር ከወንድ/ሴት ጓደኛዬ ጋር ከጎዳና ላይ 10.ሊላ ካለ ይገለጽ 99.መልስ አልተሰጠም	
125	vKð"< >^f cU" f "<eØ የአልኮል መጠጦችን እንደ ጠላ፣ጠጅ፣አረቄ፣ቢራ የመሳሰሉትን ጠጥተህል/ሻል? እንብብና/ቢና እንዱን አከብ/ቢ	u³/4k'< ሠÖ×KG< 1 udU" f >"É Ó²? >Ö×KG< 2 >"Ç"É Ó²? >Ö×KG< 3 ÖØŠ >L"<pU 4 አላውቅም መልስ አልተሰጠም 88 99	
126	>"Ç"É c< >Ä"³» ሠê c=ÖkS< Ã፳ÁK<:: >"}/^ f—‡" }ÖpSi ፳"<mÁKi;	Ýf g=h (ÖÁ) u?"²=" Gg=i ϕY?" 1 2 88 99 1 2 88 99 1 2 88 99	አዎ አይ አ/ቅ መ/የለም

		1 2 88 99	
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127	<p>vKð"< >^f cU" f "<eØ እነዚህን እደግዛኸሁ እጽጋ ሀ" ÁjM "eÅGM/hM;</p> <p>CIRCLE ONE</p> <p>1=u¾k'< አጠቀማለሁ</p> <p>2=በሳምንት አንድ ጊዜ አጠቀማለሁ</p> <p>3=አልፎ አልፎ አጠቀማለሁ</p> <p>4=ተጠቅሜ ስለሆነ ነው</p> <p>88=ስለሆነ ነው</p> <p>99= SMe ¾K~U</p>	<p>*</p> <p>ጫት</p> <p>ሺሻ/ጋዶ</p> <p>ቢንዚን</p> <p>ሀሺሽ</p> <p>ኮከን</p>	<p>1 2 3 4 8 9 8 9</p> <p>1 2 3 4 8 9 1 2 3 4 8 9</p> <p>1 2 3 4 8 9 1 2 3 4 8 9</p> <p>1 2 3 4 8 9 1 2 3 4 8 9</p> <p>8 9 8 9</p> <p>8 9 8 9</p>	
128	<p>›"Ç"É c< ›Á"³» wê uS`ô Ã"eÇK< æ"<mÁKi& ›"j" u²I ›"É ›Sf Ó²? "<eØ }ÖpSI/</p>	<p>› 1</p> <p>›M}ÖkUÿ<U 2</p> <p>›L"<pU 88</p> <p>SMe ¾K~U 99</p>		
129	<p>ሲጋራ ታጨሳለህ/ሽ??</p>	<p>አጭሽ አላውቅም</p> <p>አንዳንድ ጊዜ አጨሳለሁ</p> <p>አብዛኛውን ጊዜ አጨሳለሁ</p> <p>4.በየቀኑ አጨሳለሁ</p>		

ክፍል 2: ስለ ወንድና ሴት ኮንዶም የተመለከቱ ጥያቄዎች

201	<p>ከአሁን በፊት ስለወንድ ኮንዶም ስምተሽ/ህ ታውቃለህ/ሽ.</p>	<p>አዎ</p> <p>አላውቅም</p>	<p>1</p> <p>2</p>	
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		88	
		99	
202	ኮንዶም የት እንደሚገኝ ታውቂያለሽ/ህ?	1	
		2	
		99	

		Yes	No	
203	መልስህ/ሽ እዎ ከሆነ ኮንዶም የት ነው የሚገኘው?	1	2	
		2		
		2		
	መልሱን እታዝቡ/ቢው	2		
		2		
	ለተገለጸ መልስ 1 ን እክብ/ቢ	2		
	ላልተገለጸ መልስ 2 ን እክብ/ቢ	2		
		2		
		2		
		2		
		2		
		2		
		2		
		1	2	
		2		
	ሌላ ካለ _____			
	99 -መልስ እልተሰጠም			

204	ከቤትህ/ሽ ወይም ካለህበት/ሽበት፡ኮንዶም ለማግኘት ምን ያህል ጊዜ የወስዳል?	1.ከአንድ ሰዓት በታች 2.ከአንድ ሰዓት እስከ አንድ ቀን 3.ከአንድ ቀን በላይ 88.አላውቅም/አላስታውስም 99.መልስ አልተሰጠም	
205	ስለ ወንድ ኮንዶም ጥራት ምን ታስባለህ/ሺ? አንብበው/ቢው	1.ጥሩ ነው 2.ጥሩ አይደለም 3.ቶሎ ይቀደዳል 88 አላውቅም/አላስታውስም 99. መልስ አልተሰጠም	
206	ስለ ሴት ኮንዶም ስምተህ/ሺ ታውቃለህ/ሺ	አዎ 1 አልሰማሁም 2 88 አላውቅም/አላስታውስም 99 መልስ የለኝም	

ክፍል 3: የተቃራኒ የታ ግንኙነትንና ልምድን የተመለከቱ ጥያቄዎች

ቁጥር	ጥያቄ	ኮድ	ይታለፍ
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301	<p>›"Ç"É c(የተለያየ የጉብረ ስጋ ግንኙነት እይነቶች እነዳሉ ሲናገሩ የሰማል እንተ/ቺ የተኞቹን ታውቁያለሽ;</p> <p>እንብበው/ቢው</p>	<p>1. የብልት</p> <p>2. የቂጥ</p> <p>3. የአፍ</p> <p>88. አላውቅም</p> <p>99. መልስ አልተሰጠም</p>	<p>Y N</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	
302	<p>የጉብረ ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ?</p>	<p>1.አዎ</p> <p>2.አድርጌ አላውቅም</p> <p>99.መልስ አልተሰጠም</p>		<p>መልሱ አድርጌ አላውቅም ከሆነ →Q502</p>
303	<p>የጉብረ ስጋ ግንኙነት ለመጀመሪያ ጊዜ የጉብረ ስጋ ግንኙነት ስታደርግ/ጊ አድሜህ/ሽ ስንት ነበር?</p>	<p>1.አድሜ-----</p> <p>88.አላውቅም</p> <p>99.መልስ አልተሰጠም</p>		
304	<p>ለመጀመሪያ ጊዜ የጉብረ ስጋ ግንኙነት የፈጸምከው/ሽው ከማን ጋር ነበር?</p>	<p>ባል/ሚስት ጋር</p> <p>ከፍቅር ዓደኛዬ ጋር</p> <p>ከድንገተኛ ትውውቅ ዓደኛ ጋር</p> <p>ከቤተሰብ አባል ጋር</p> <p>ከሴተኛ አዳሪ ጋር</p> <p>ተደፍሬ</p> <p>7. ሌላ ካለ ይገለጽ _____</p> <p>88.አላውቅም/አላስታውስም</p> <p>99.መልስ አልተሰጠም</p>		
305	<p>ለመጀመሪያ ጊዜ የጉብረ ስጋ ግንኙነት ስትፈጽም/ሚ ኮንዶም ተጠቅመህ/ሽ ነበር</p>	<p>አዎ 1</p> <p>አልተጠቀምኩም 2</p>		

		አላውቅም/አላስታውስም 88 መልስ አልተሰጠም 99	
306	ለመጀመሪያ ጊዜ የግብረ ስጋ ግንኙነት ለማድረግ ያነሳሳህ/ሽ ምክንያት ምን ነበር?	ፈልጌ 1 በዓደኛ ግፊት 2 በአልኮል ሀይል ተገፋፍቼ 3 ተደፍረ 4 ሌላ----- 5 አላውቅም/አላስታውስም 88 መልስ አልተሰጠም 99	
307	ለመጀመሪያ ጊዜ የግብረ ስጋ ግፊት የፈጸምከው/ሽው ግለሰብ እድሜ ከአንተ/ች እድሜ እንፃር ሲታይ እንዴት ነው? READ OUT ANSWERS:	እኩያ ነኝ ከ 10 ዓመት በላይ ይበልጠኛል/ትበልጠኛለች ከ 5-10 ዓመት ይበልጠኛል/ትበልጠኛለች ከ 5 ዓመት በታች ይበልጠኛል/ትበልጠኛለች ከኔ ያንሳል/ታንሳለች 88. አላውቅም/አላስታውስም 99. መልስ አልተሰጠም	
308	የግብረ ስጋ ግንኙነት ከጀመርክ/ሽ ጊዜ አንስቶ በጥቅሉ ከስንት ሰዎች ጋር የግብረ ስጋ ግንኙነት እድርገህል/ሻል? /ቁጥር አስገባ/	-----ሰዎች ጋር 88. አላውቅም/አላስታውስም 99. መልስ አልተሰጠም	
309	ባለፉት 12 ወራት ውስጥ የግብረ ስጋ ግንኙነት ፈፅመህል/ሻል?	አዎ የለም 99. መልስ አልተሰጠም	መልሱ የለም ከሆነ→Q 502
310	ለሴቶች: ባለፉት 12 ወራት ጊዜ ውስጥ የግብረ ስጋ ግንኙነት ዓደኞችሽን አስቢና .		

	<p>ለወንዶች፡</p> <p>በላፉት 12 ወራት ጊዜ ውስጥ የገብረ ስጋ ግንኙነት ዓደኞችህን አስብና</p> <p>ከዓደኞችህ/ሺ ውስጥ ስንቶቹ</p> <p>“ሴተኛ አዳሪ</p> <p>“ሴተኛ አዳሪ ያልሆኑ</p>	<p>ሴተኛ አዳሪ <input type="checkbox"/><input type="checkbox"/></p> <p>አላውቅም 88</p> <p>መልስ አልተሰጠም 99</p> <p>“ሴተኛ አዳሪ ያልሆኑ</p> <p>አላውቅም 88</p> <p>መልስ አልተሰጠም 99</p>	
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ክፍል 4: “ሴተኛ አዳሪ

401	የቅርብ ጊዜ ውስጥ የገብረ ስጋ ግንኙነት ዓደኞችሽ/ህን አስቢ/ብና በላፉት አንድ ወር ጊዜ ውስጥ ስንት ጊዜ የገብረ ስጋ ግንኙነት አድርገሁል/ሻል	<p>ቀን <input type="checkbox"/><input type="checkbox"/></p> <p>አላውቅም/አላስታውስም 88</p> <p>መልስ አልተሰጠም 99</p>	
402	የገብረ ስጋ ግንኙነት ዓደኞችሽ/ህን አስቢ/ብና ለመጨረሻ ጊዜ ግንኙነት ሰታደርግ/ጊ ኮንዶም ተጠቅመህል/ሻል	<p>አዎ 1</p> <p>አልተጠቀምኩም 2</p>	

		አላውቅም/አላስታውስም	88	
		.መልስ አልተሰጠም	99	
403	ኮንዶም ከተጠቀምክ/ሺ ማን ነበር ሀሳቡን ያነሳው? አንዱን አክብ/ቢ	እኔ	1	
		ጓደኛዬ	2	
		የጋራ ህሰብ ነበር	3	
		አላውቅም/አላስታውስም	88	
		መልስ አልተሰጠም	99	
404	ኮንዶም ካልተጠቀምክ/ሺ፡ ለምንደነው ያልተጠቀማችሁት? የተጠከሱት መልሶችን አክብብ (አታንበው) ለተጠቀሱት 1 አክብ. ላልተጠቀሱት 2 አክብ.	1. አየገኝም	1	2
		2. ውድ ስለሆነ	1	2
		3. ስለማይመች	1	2
		4. ጓደኛዬ ስለተቃወመ	1	2
		5. ቸኩለን ስለነበረ	1	2
		6. ለመግዛት ወይም ለመጠየቅ አፍሬ	1	2
		7. ሌላ የወሊድ መከላከያ ስለተጠቀምኩ	1	2
		8. በሰአቱ አስፈላጊ ሆኖ ስላላገኘሁት	2	
		9. ስላላሰብኩበት	1	2
		10. ከተጠቀምኩ ስለሚያሳክኝ	1	2
		11. ስለማልወደው	1	2
		12. ጓደኛዬን ስለማምነው	1	2
		13. ጠጥቼ ስለነበር	1	2
		14. ኮንዶም ሊደስ ስለሚያስተላልፍ	1	2
		15. የአጠቃቀሙ እውቀቱ ስለሌለኝ	1	2
		16. በተደጋጋሚ ስለሚቀደድብኝ	1	2

		17. ደስታን ስለሚቀንስ 18. ማርገዝ ስለፈለኩ 19. ሌላ 88. አላውቅም 99. መልስ አልተሰጠም	
405	በአጠቃላይ ከሴተኛ አዳሪ ጋር/ከደንበኞች ገር እንዴት ነው የኮንዶም አጠቃቀምህ/ሽ	ሁልጊዜ አጠቀማለሁ 1 በአብዛህኛው አጠቀማለሁ 2 አልፎ አልፎ አጠቀማለሁ 3 አልጠቀምም 4 88 አላውቅም/አላስታውስም 99 መልስ አልተሰጠም	

ክፍል 5: ሴተኛ አዳሪ ካልሆነ

501	የቅርብ ጊዜ ውስጥ የጉብረ ስጋ ግንኙነት ዳደኞችሽ/ህን እስቢ/ብና በላፉት እንደ ወር ጊዜ ውስጥ ስንት ጊዜ የጉብረ ስጋ ግንኙነት አድርገሁል/ሻል?	ቀን 88 99 አላውቅም/አላስታውስም መልስ አልተሰጠም	
502	የጉብረ ስጋ ግንኙነት ዳደኞችሽ/ህን እስቢ/ብና ለመጨረሻ ጊዜ ግንኙነት ሰታደርግ/ጊ ኮንዶም ተጠቅመህል/ሻል	አዎ 1 አልተጠቀምኩም 2 አላውቅም/አላስታውስም መልስ አልተሰጠም 88 99	

503	ኮንዶም ከተጠቀምክ/ሺ ማን ነበር ሀሳቡን ያነሳው? እንዱን እኩብ/ቢ	እኔ	1	
		ጓደኛዬ	2	
		የጋራ ሀሰብ ነበር	3	
		አላውቅም/አላስታውስም		
		መልስ አልተሰጠም	88	
			99	
504	ኮንዶም ካልተጠቀምክ/ሺ፡ ለምንድነው ያልተጠቀማችሁት? የተጠከሱት መልሶችን እኩብ (አታንበው) ለተጠቀሱት 1 እኩብ. ላልተጠቀሱት 2 እኩብ.		Y	N
		1. አየገኝም	1	2
		2. ውድ ስለሆነ	1	2
		3. ሰለማይመኝ	1	2
		4. ጓደኛዬ ስለተቃወመ	1	2
		5. ቸኩለን ስለነበረ	1	2
		6. ለመግዛት ወይም ለመጠየቅ አፍሬ	1	2
		7. ሌላ የወሊድ መከላከያ ሰለተጠቀምኩ	1	2
		8. እስፈላጊ ሆኖ ስላላገኘሁት	1	2
		9. ሰላላሰብኩበት	1	2
		10. ከተጠቀምኩ ስለሚያሳክኝ	1	2
		11. ስለማልወደው	1	2
		12. ጓደኛዬን ስለማምነው	1	2
		13. ጠጥቼ ስለነበር	1	2
		14. ኮንዶም ሌድስ ስለሚያስተላልፍ	1	2
		15. የአጠቃቀሙ እውቀቱ ስለሌለኝ	1	2
		16. በተደጋጋሚ ስለሚቀደድበኝ	1	2
		17. ደስታን ስለሚቀንስ	1	2
		18. ማርገዝ ስለፈለኩ	1	2
		19. ሌላ ካለ	1	2

		88. አላውቅም	1	2	
		99. መልስ አልተሰጠም	1	2	
			1	2	

505	በአጠቃላይ ከሴተኛ አዳሪ ከልሆነች ጋር/ከደንበኞች ገር አንዴት ነው የኮንዶም አጠቃቀምህ/ሽ	ሁልጊዜ አጠቀማለሁ	1	
		በአብዛህኛው አጠቀማለሁ	2	
		አልፎ አልፎ አጠቀማለሁ	3	
		አልጠቀምም	4	
			88	
		አላውቅም/አላስታውስም	99	
		መልስ አልተሰጠም		
506	(ለወንድ ብቻ): (መልሳቸው ለቂጥና ለአፍ ግንኙነት አይሆንም) ሀ- ስለ ሴቶች ዳደሮችህ ነግረሽኛል. የወንድ የፍቅር ዳደሮች አለህ? ለ- የወንድ የፍቅር ዳደሮች ካለህ በላፉት 12 ወራት ጊዜ ውስጥ ፍንኙነት አድርገህ ታውቃለህ? ሐ- ባለፉት 12 ወራት ጊዜ ውስጥ ከስንት የወንድ ዳደሮች ጋር ግንኙነት አድርገህልህ?	ሀ- አይ	1	
		የለኝም	2	
		መልስ የለኝም	99	
		ለ - አይ	1	
		የለኝም	2	
		መልስ የለኝም	99	
			[---/---]	
		ሐ ቂጥ		

	አላውቅም/አላስታውስም	88	
	መልስ የለኝም	99	

ክፍል 6. በፍቃደኝነት ፣ በግዳጅ ሰለሚደረግ የገብረሰጋ ግንኙነት

601	በለፋት 12 ወራት ጊዜ ውስጥ ያለአንተ/ቺ ፍቃድ የገብረሰጋ ግንኙነት እንድትፈጽሟ/ም ተደርገህ/ሽ ታውቃለህ/ሽ?	አዎ 1 አላውቅም 2 መልስ መስጠት አልፈልግም 3 መልስ አልተሰጠም 99	
602	በማታውቁው ሰው ተደፍረሽ ታውቁያለሽ?	አዎ 1 አላውቅም 2 መልስ መስጠት አልፈልግም 3 መልስ አልተሰጠም 99	

ክፍል 7: የአባላዘር በሽታና ስለበሽታው ግንዛቤ

ቁጠራ	ጥያቄ	ኮድ	ይታለፍ
701	ከአሁን በፊት በገብረሰጋ ግንኙነት እማካንነት ሰለሚተላለፍ በሽታ ሰምተህ/ሽ ታውቃለህ/ሽ ?	አዎ 1 አልሰማሁም 2 መልስ አልተሰጠም 99	
702	የትኞቹን በሽታዎች ነው የምታውቀው? (ከእንደ በላይ መልስ ቻላል) አታንበው/ቢው	1. ጩብጥ 2. ቁጥኝ 3. ከርከር 4. በምቡሊ 5. ኢችይቪ 6. ሌላ ካለ ይገለጽ_	
703	እንደ ሰው እንዴት የአባላዘር በሽታ ሊይዘው ይችላል (ከእንደ በላይ መልስ ይቻላል)	1. ልቅ በሆነ የገብረሰጋ ግንኙነት. 2. መርፌና ሌሎች ስለታም የሆኑ ነገሮችን በጋራ መጠቀም. 3. ያልተመረመረ ደም በመለገስ.	

		<p>4. ከእናት ወደ ልጅ</p> <p>5. በትንኝና በሌሎች ነፍሳት.</p> <p>6. ጡት በማጥባት</p> <p>7. አብሮበመብላት፣በመጠጣት፣በመጨባበጥ፣ና ሌሎች.</p> <p>8. ሌላ ካለ ይገለጽ-----.</p>	
704	እንድ ሰው ለመጀመሪያ ገዜ የገብረህጋ ግንኙነት ቢያደርግ እድህን ጨምሮ በሌሎች የአባላዘር በሽታዎች ሊያዝ ይችላል።	<p>1. እስማማለሁ</p> <p>2. አልስማማም</p> <p>3. እርግጠኛ አይደለሁም</p>	
705	እንድ ሰው እድህን ጨምሮ በአባላዘር በሽታዎች እንዳይያዝ ሊታዘዘው የሚገባ እርምጃ አለ ?	<p>1. አዎ</p> <p>2. የለም.</p> <p>88. አላውቅም</p>	
706	መልሱ አዎ ከሆነ ምን ምን ጥንቃቄዎችን ነው ማድረግ ያለበት?	<p>1. መታቀብ.</p> <p>2. ለፍቅረኛው/ለንደኛው ታማኝ መሆን.</p> <p>3. ኮነዶምን ሁልጊዜ በአግባቡና በጠነህቃቄ መጠቀም.</p> <p>4. ልቅ የሆነ ወሲብን ማቆም.</p> <p>5. ከሴተኛ አዳሪ ጋር የገብረህጋ ግንኙነት አለማድረግ.</p> <p>6. ሌላ ካለ ይገለጽ -----.</p> <p>99. መልስ አልተሰጠም</p>	
707	ጤናማ የወሲብ ግንኙነት ስንል በእንተ/ቺ በኩል ምን ማለት ነው?	<p>1. መታቀብ</p> <p>2. ለፍቅረኛው/ለንደኛው ታማኝ መሆን</p> <p>3. ኮነዶምን ሁልጊዜ በአግባቡና በጠነህቃቄ መጠቀም</p> <p>4. ከሴተኛ አዳሪ ጋር የገብረህጋ ግንኙነት አለማድረግ.</p> <p>5. ሌላ ካለ ይገለጽ -----.</p>	

		88. አላውቅም 99. መልስ አልተሰጠም	
708	ለአባላዘር በሽታ ኢድስን ጨምሮ ሊያጋልጥህ/ሺ የሚችል ተግባር ፈጽመህ/ሺ ታውቃለህ/ሺ?	1. አዎ 2. አላውቅም 88. አላስታውስም	
709	መልሱ አዎ ከሆነ ለምን?	1. ያለ ኮንዶም ግንኙነት ፈጽሟልሁ 2. ከአንድ በላይ ጓደኛ አለኝ 3. ከሴተኛ አዳሪ ጋር የገበረስጋ ግንኙነት ፈጽሟልሁ 4. በተበከለ ስለታም ነገር ተጠቅሟልሁ 5. ሌላ ካለ ይገለጽ	
710	መልሱ አላውቅም ከሆነ ለምን?	1. ታቅቢያለሁ 2. ለፍቅረኛዬ/ለጓደኛዬ ታማኝ ነኝ 3. ሁልጊዜ ኮንዶምን በአግባቡ አጠቀማለሁ 4. ከሴተኛ አዳሪ ጋር ግንኙነት አልፈጸምኩም 5. ስለታም ነገሮችን በጋራ አልጠቀምም 6. ሌላ ካለ ይገለጽ	
711	ለአባላዘር በሽታ ኢድስን ቸምሮ መረጃ ከየት ታገኛለህ? [ከአንድ በላይ መልስ የቻለል]	1. ከወላጆቼ 2. ከጓደኞቼ 3. ከሪድዮ/ቴሌቪዥን 4. ፖስተሮችን ፓመፍሌቶች 5. ከፍቅረኛዬ 6. ከህክምናዊ አባቶች 7. ከጤና ባለሙያዎች 8. ከማንም 9. ከትምህርት ቤት 10. ሌላ ካለ ይገለጽ__	

		88.አላውቅም 99.መልስ አልተሰጠም	
712	<p>በሴት ላይ የሚታዩ የአባላዘር በሽታ ምልክቶችን ልትገልጽልኝ ትችላለህ/ሺ?</p> <p>የበሽታ ምልክቶችን አታውቅ</p> <p>ለተገለጹት 1 ን አክብብ</p> <p>ላልተገለጹት 2 ን አክብብ.</p> <p>ከአንድ በላይ መልስ የቻላል.</p>	<p>1-ሆድ ቁርጠት 1 2</p> <p>2-ጤናማ ያልሆነ የብልት ፈሳሽ 1 2</p> <p>3-መጥፎ ጠረን ያለው የብልት ፈሳሽ 1 2</p> <p>4-ሽንት በሚሸናበት ጊዜ ማቃጠል 1 2</p> <p>5-የብልት ላይ ቁስል 1 2</p> <p>6-በብሽሽት ላይ የሚወጣ እብጠት 1 2</p> <p>7-ማሳከክ 1 2</p> <p>8-ሌላ ካለ ይገለጽ 1 2</p> <p>99--መልስ አልተሰጠም 1 2</p>	
713	<p>በወንድ ላይ የሚታዩ የአባላዘር በሽታ ምልክቶችን ልትገልጽልኝ ትችላለህ/ሺ?</p> <p>የበሽታ ምልክቶችን አታውቅ</p> <p>ለተገለጹት 1 ን አክብብ</p> <p>ላልተገለጹት 2 ን አክብብ.</p> <p>ከአንድ በላይ መልስ የቻላል..</p>	<p>Yes No</p> <p>1-ጤናማ ያልሆነ የብልት ፈሳሽ 1 2</p> <p>2--ሽንት በሚሸናበት ጊዜ ማቃጠል 1 2</p> <p>3--የብልት ላይ ቁስል 1 2</p> <p>4--በብሽሽት ላይ የሚወጣ እብጠት 1 2</p> <p>5--ሌላ ካለ ይገለጽ 1 2</p> <p>99-መልስ አልተሰጠም 1 2</p>	
714	ባለፉት 12 ወራት ውስጥ ጤናማ ያልሆነ የብልት ፈሳሽ ነበረህ/ሺ ?	<p>አዎ 1</p> <p>አልነበረኝም 2</p> <p>አላውቅም/አላስታውስም 88</p>	

		-መልስ አልተሰጠም 99	
715	ባለፉት 12 ወራት ውስጥ ቡብልትህ/ሺ አካባቢ ቁስለትወይም ሽፍታ ነበረህ/ሺ?	አዎ 1 አልነበረኝም 2 አላውቅም/አላስታውስም 88 -መልስ አልተሰጠም 99	

716	የብልት ፈሳሽ ወይም ቁስል በነበረህ ጊዜ ከተች ከተዘረዘሩት የትኞቹን አደረገህ:				
	እንብበው/.ከእንደ በላይ ምልስ የቻላል	Ye	No	DK	NR
	1.መድሀኒት/ምክር ለማግኘት ወደ ጤና ጣቢያ/ሆስፒታል ሄድኩ?	s	2	88	99
	2.መድሀኒት/ምክር ለማግኘት ወደ መንግስታዊ ያልሆነ ጤና ጣቢያ/ሆስፒታል ሄድኩ?	1	2	88	99
	3. መድሀኒት/ምክር ለማግኘት ወደ ህዩማኖተዊ ጤና ጣቢያ/ሆስፒታል ሄድኩ?		2	88	99
	4. መድሀኒት/ምክር ለማግኘት ወደ ግል ክሊኒክ/ሆስፒታል ሄድኩ?	1	2	88	99
	5. መድሀኒት/ምክር ለማግኘት ወደ ወጠቶች ማእከል ሄድኩ?		2	88	99
	6. መድሀኒት/ምክር ለማግኘት ወደ ግል ፋርማሲ ሄድኩ?	1			
	7. መድሀኒት/ምክር ለማግኘት ወደ በህል ህክምና ሄድኩ?	1	2	88	99
	8. እቤት የተገኘ ዘመናዊ መድሀኒት ወሰደኩ?		2	88	99
	9. እቤት የተገኘ ባህላዊ መድሀኒት ወሰደኩ?	1			
	10.ለፍቅረኞቼ/ለጓደኞቼ ስለፈሳሹ ነገርኳት?		2	88	99
	11.ከወላጆቼ ምክር ጠየኩ?	1			
	12.ከጓደኞቼ ምክር ጠየኩ?	1	2	88	99
	13.የጉብረስጋ ግንኙነት አቆምኩ		2	88	99
	የበሽታውን ምልክት እንዳየሁ ከንዶም መጠቀም ጀመርኩ	1			
	15.ስለበሽታው ለማንም አልነገርኩም		2	88	99
	16. መድሀኒት/ምክር ከተምህርት ቤት ከለው ክሊኒክ ለማግኘት ሄድኩ?	1	2	88	99
		1			
		1			

717	ለመጨረሻ ጊዜ በአባላዊ በሽታ ስትያዝ መድሀኒት ከወሰድክ? መድሀኒቱን ከየት እገኘህ	1-ከክሊኒክ/ሆስፒታል ከሚሰሩ ጤና ባለሙያ	Yes	
		2-ከፋርማሲ	No	
		3-ከመንደር ህኪም	2	
		4-ከባህል ህኪም	1	2
		5-ከጓደኛ	2	
		6-ከቤተሰብ/ ከዘመድ	1	2
		7-“ቤት ያለኝን መድሀኒት ወሰድኩ”	2	
		8-መድሀኒት አልወሰድኩም	1	2
		88- አላውቅም/አላስታውስም	1	
		99-መልስ አልተሰጠም	2	1
			1	2

718	የበሽታውን ምልክት ካየህ ከስንት ጊዜ በኋላ ነው ወደ ክሊኒክ/ሆስፒታል የሄድከው?	ከአንድ ሳምንት በነሰ ጊዜ	1	
		ከአንድ ሳምንት እስከ አንድ ወር ጊዜ	2	
		ከአንድ ወር በበለጠ ጊዜ	3	
		አላውቅምም/አላስታውስም	88	
		መልስ አልተሰጠም	99	
719	የመድሀኒት ማዘዣ ተቀብለህ ነበር?	አዎ	1	
		አልተቀበልኩም	2	
		አላውቅምም/አላስታውስም	88	
		መልስ አልተሰጠም	99	

720	የመድሀኒት ማዘዣ ከተቀበልክ የታዘዘልህን መድሀኒት እግኝተህል?	አዎ እግኝቻለሁ	1	
		ጥቂቶቼን እግኝቻልሁ	2	
		አላገኘሁም	3	
		አላውቅም/አላስታውስም	88	
		መልስ አልተሰጠም	99	
721	የታዘዘልህን መድሀኒት በሙሉ ወስደህል?	አዎ	1	
		አልወሰድኩም	2	
		አላውቅም/አላስታውስም	88	
		መልስ አልተሰጠም	99	
722	ካልወሰድክ፡ለምንደነው ሁሉንም መድሀኒት ያልወሰድከው?	.	Yes No	
	መልሱን አታንብ	1.ስለተሸለኝ	2	
	ለተገለጹት 1 ን አክብብ.	2.ስለረሳሁት	2	
	ላልተገለጹት 2 ን አክብብ	3.የባህል ህክምና ስለወሰድኩ	2	
	ከአንድ በላይ መልስ ይቻላል.	4.መግዛት ስላልቻልኩ	2	
		5.መድሀኒቱ ስላሳመመኝ	2	
		6.ሌላ ካለ ይገለጽ -----	2	
		88-አላውቅም/አላስታውስም	1	
		99.መልስ አልተሰጠም	2	
			1	
			2	

Annex V.

Semi-structure questionnaire for FGD

Good morning/Good afternoon! Well come to our group discussion. My name is Admassie Teshome; I came from Joint MPH Program of Addis Continental institute of public health and university of Gondar attending a post graduate study in community health. I and my friend are here today to discuss about factors that influence sexual behaviors of street youth. You are free to talk whatever information you thought based on the topic guideline prepared. In order not to miss any points of the discussion, we will use a tape recorder. I assure you that you will not face any kind of harm for your participation in this study. Whatever information that you give me will be very useful for the study. This information will help policy makers and other organizations to design intervention activities based on research findings. I thank all of you for your willingness to participate. Are you voluntary to participate in the study? If yes continue

Focus Group Discussion and In-Depth Interview Guide

General information

01. What are the main reasons which drive youth to be on the street?

02. What problems do you face after coming on the street?

Concerning sexually transmitted infections

03. We would like to hear a little about your knowledge concerning Sexually Transmitted Infections (STI)

Probe

- What are STIs?

-How people get STIs? (Unsafe sex, having sex with CSWs, MTCT)

-What are the most important preventive measures and being taken by street youth?

Probe

-Abstaining from sex, becoming faithful to their partner, avoiding commercial sex, use of condom consistently?

-Which one is more feasible and acceptable method of prevention for street youth?

04. How do you perceive condom use and factors for its non-utilization by street youth?

05 Are the current condom out-lets favorable for the maximal utilization by street youth?

Probe

-condom machine

XXX

-Putting at common site

-Others

06. Though knowledge seems high, risk behavior reduction among street youth is said to be low.

What do you think are the main reasons?

Probe

- No vision, carelessness, unemployment, substance addict?

07. What do you perceive about early sex, sex in exchange for money or gift multiple sexual partner and their determinants (causes, prevention and its consequences?)

Probe

-What is the usual age of commencement of sexual practice for street youth?

-In your opinion, until what age should sex practice be delayed?

-With whom most street youth have sex for the first time?

08. How do you relate early sex and multiple sexual partners with STIs including /HIV/AIDS?

Probe

- Would you give me an example?

09. Do you think majority of street youth currently use substances? Why?

Probe:

-Which of the substances most used here? Why?

-Association between substances and risky sexual behaviors.

-What is their/your sexual filling while using the substance, even to give examples?

Do you suggest anything, comment on and recommend mechanisms from your own opinion to avert the existing early sexual initiation and multiple sexual activities so that the emergence of new HIV infection and other STIs in street children and youths will be reduced.

Thank you very much for taking time to discuss on these issues.